08/16/2006 11:41

Image# 26930317403

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORIW 3X	For C	Other Than An	Authorized	l Committe	ee		Office Use Onl	у
NAME OF COMMITTEE (in full)		FEC MAILING LA YPE OR PRINT		mple:If typing.	, type			
National Association	of Insurance a	nd Financial Advis	ors Political Act	ion Commit-				
ADDRESS (number and str	reet) 29	01 Telestar Court						
Check if different than previously reported. (ACC)	-	lls Church				L <sup>VA</sup>	22042	]-
2. <b>FEC IDENTIFICATIO</b>	ON NUMBER	₩ _	CITY 🛕			STATEA	ZIPC	ODE 🛕
C00005249			3. IS THIS REPORT		NEW OR		AMENDED A)	
4. TYPE OF REPOR (Choose One)  (a) Quarterly Report  April 15 Quarterly R  July 15 Quarterly R  Quarterly R  January 31 Quarterly R  July 31 Mid Report(Nor Year Only)  Termination (TER)	eport(Q1) eport(Q2) eport(Q3) eport(YE) -Year i-election (MY)	(d) 30-Day Post -Elect Report for	Election on	Ä.	12C)	Se	(12G) in th	Special (30S)
5. Covering Period	07	01 200	6	through	07	3 1	2006	
I certify that I have examin  Type or Print Name of Tre		and to the best of eter C. Browne	my knowledge a	and belief it is	true, correct	and complete	9.	
Signature of Treasurer	Electronically	,	Browne	pingt the page		ate 08		2006
NOTE : Submission of fals	se, erroneous,	or incomplete info	rmation may sul	oject the perso	on signing this	s Report to th	ī	-
Use							FEC FO	HM 3X

### Image# 26930317404

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

R	eport Covering the Period: From:		To: 0 7 3 1 2 0 0 6
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a) Cash on Hand  January 1  Y2006  Y2006		537428.48
	(b) Cash on Hand at Begining of Reporting Period	448958.30	
	(c) Total Receipts (from Line 19)	85700.26	559356.18
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	534658.56	1096784.66
	Total Disbursements (from Line 31)	186053.22	748179.32
	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	348605.34	348605.34
	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
١.	Debts and Obligations owed BY		
	the committee (Itemize all on Schedule C and/or Schedule D)	43783.79	

## For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Commit-

tee

Report Covering the Period:

From:

м м 0 7 01

<sup>Y</sup> 2 0 0 6

To:

м м 0 7 <sup>D</sup> 3 1

2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	30503.06	156494.09
	(ii) Unitemized	55197.20	400362.09
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	85700.26	556856.18
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	85700.26	556856.18
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
4. 5.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	2500.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.			
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	85700.26	559356.18
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	85700.26	559356.18

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	56553.22	173044.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	56553.22	173044.32
Transfers to Affiliated/Other Party	0.00	0.00
CommitteesContributions to	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	129500.00	574750.00
Independent Expenditure	0.00	0.00
(use Schedule E)  Coordinated Expenditures Made by Party	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To:  (a) Individuals/Persons Other Than Political Committees	0.00	385.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	385.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C 431(20))  (a) Shared Federal Election Activity		
(from Schedule H6)	2.22	
(i) Federal Share	0.00	0.0
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.0
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	186053.22	748179.3
Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii)	100050.00	740470.0
from Line 31)	186053.22	748179.3

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	85700.26	556856.18
34. Total Contribution Refunds (from Line 28(d))	0.00	385.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	85700.26	556471.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	56553.22	173044.32
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	56553.22	173044.32

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 6 / 115 (check only one)	
			Detailed Summary Page	13 14 15 16 17	
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Fitee	nancial Ad	dvisors Political Action Com	nit-	
<u>′                                    </u>	Full Name (Last, First, Middle Initial) Mr. Michael J. Ables, LUTCF			Date of Receipt	
٦.	Mailing Address PO Box 2205			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: R1624461	
	Avila Beach	CA	93424-2205	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		105.00	
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction	
	Receipt For:		Year-to-Date ▼		
	Primary General Other (specify) ▼		630.00		
3.	Full Name (Last, First, Middle Initial) Mr. Michael J. Ables, LUTCF			Date of Receipt	
	Mailing Address PO Box 2205		07 12 7 2006		
	City	State	Zip Code	Transaction ID: R1626103	
	Avila Beach	CA	93424-2205	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		-105.00 BT	
	Name of Employer Self-employed	Occupation Insurance	e Agent		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		630.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Paul Adams			Date of Receipt	
Mailing Address 5101 Missy Maric Lane				07 10 7 2006	
	City	State NV	Zip Code	Transaction ID: R1622128	
	Las Vegas		89130	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		72.00 Payroll Deduction	
	Name of Employer Self-employed	lame of Employer Occupation lelf-employed Insurance Agent			
	Receipt For:		Year-to-Date <b>V</b>	-	
	Primary General Other (specify) ▼		504.00		
SI	UBTOTAL of Receipts This Page (optional)			72.00	
т	OTAL This Period (last page this line number on	ly)	<b>)</b>		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 115
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and F tee	inancial Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial)  A. Mr. Dudley C. Aist, Jr.			Date of Receipt
	Mailing Address P O Box 280			07 14 2006
	City	State	Zip Code	Transaction ID: R1625806
	Charlotte Hall	MD	20622	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-employed	Occupation Insurance		Check
	Receipt For:		Year-to-Date ▼	1
	Primary General		050.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. James M. Allen			Date of Receipt
	Mailing Address 414 McCall Street	07 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1623634
	Waukesha	WI	53186-6009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1	210.00	7
	Other (specify)	0 0	210.00	
C.	Full Name (Last, First, Middle Initial) Ms. Carol A. Anderson, LUTCF, CFP			Date of Receipt
	Mailing Address 717 N. 87th St.			07 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1625106
	Omaha	NE	68114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		350.00	
s	UBTOTAL of Receipts This Page (optional)			330.00
۲	1 -3- (-1)		<b>'</b>	
Ιт	OTAL This Period (last page this line number on	ılv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 115		
	EMIZED RECEIPTS		or each category of the  Detailed Summary Page	(check only one)    X		
				13 14 15 16 17		
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{}$	NAME OF COMMITTEE (In Full)					
$\rangle$	National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-		
۸.	Full Name (Last, First, Middle Initial) Mr. Daniel W. Anderson, CLU ChFC			Date of Receipt		
	Mailing Address 423 River Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1625801		
	Minneapolis	MN	55401	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self-employed	Occupation	1	Credit Card		
	Self-employed 5	Insurance	e Agent			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
3.	Full Name (Last, First, Middle Initial) Mr. Robert B. Anderson, CLU			Date of Receipt		
	Mailing Address 1456 Old Boones Creek	07 10 7 2006				
	City	State	Zip Code	Transaction ID: R1625100		
	Jonesborough	TN	37659	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer Self-employed	Occupation		Payroll Deduction		
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	_		
	Primary General	Aggregate				
	Other (specify) ▼	0 0	350.00			
`	Full Name (Last, First, Middle Initial) Mr. William R. Anderson			Date of Receipt		
<i>)</i> .	Mailing Address 1842 Vermont Ave NW			M M / D D / Y Y Y Y		
	-			07 18 2006		
	City Washington	State DC	Zip Code 20001-5006	Transaction ID: R1625884  Amount of Each Receipt this Period		
	FEC ID number of contributing		20001 0000			
	federal political committee.	С		20.83		
	Name of Employer Self-employed	Occupation		Check		
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	_		
	Primary General	Aggregate				
	Other (specify) ▼	0 0	291.62			
s	UBTOTAL of Receipts This Page (optional)			320.83		
_	OTAL This Period (lost need this line need to a	lu)				
	OTAL This Period (last page this line number on	ıy <i>)</i>				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 115 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ments may	/ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Fir	nancial A	dvisors Political Action Com	mit-
/_ <b>А</b> .	Full Name (Last, First, Middle Initial) Mr. William R. Anderson  Mailing Address 1842 Vermont Ave NW  City Washington  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For: Primary General Other (specify)  City  Full Name (Last, First, Middle Initial) Mr. Russell S. Andrews, CLU, ChFC  Mailing Address 106 W Jefferson St #601  City	State	e Agent e Year-to-Date ▼  291.62  Zip Code	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Solf amployed 1	Occupation Insurance Aggregate		Amount of Each Receipt this Period  50.00  Payroll Deduction
<b>D.</b>	Full Name (Last, First, Middle Initial) Mr. Gerald I. Applefield, CLU, JD  Mailing Address 9328 Hanover South Trail  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For: Primary General Other (specify)	State NC  C Occupation Insurance		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			620.83
T	OTAL This Period (last page this line number only	v)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 115
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
<u></u>	NAME OF COMMITTEE (In Full)			22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
$\rangle$	National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Sil L. Arata, Jr.,LUTCF			Date of Receipt
	Mailing Address P. O. Box 820365			07 10 7 2006
	City Vancouver	State WA	Zip Code 98682-0007	Transaction ID: R1623452  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	42.50
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 297.50	
3.	Full Name (Last, First, Middle Initial) Mr. Eph Baker, CLU, ChFC			Date of Receipt
	Mailing Address 17411 Campbell St	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1625827
	Williamsport	PA	17701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00 Check
	Name of Employer Self-employed	Occupation Insurance		GIECK
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
_	Full Name (Last, First, Middle Initial)			Date of Pagaint
٠.	Mr. Thom E. Beasley Mailing Address 1103 Dove Rd.			Date of Receipt
	City	State	Zip Code	07 10 2006
	<u>Jonesboro</u>	AR	72401-5270	Transaction ID: R1624564  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		81.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00	
s	UBTOTAL of Receipts This Page (optional)			623.50
T	OTAL This Period (last page this line number or	) اراد		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	Check only one)
TEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
		, ,	13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial)  Mr. John C. Beckwith			Date of Receipt
Mailing Address 1908 Greenbriar Drive			07 10 7 2006
City	State	Zip Code	Transaction ID: R1624870
<u>Portage</u>	MI	49024-5787	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction
Receipt For:		e Year-to-Date ▼	7
Primary General Other (specify) ▼		294.00	
Full Name (Last, First, Middle Initial)  Mr. Kent A. Bennett, LUTCF, CEP			Date of Receipt
Mailing Address 280 Hollow Road			07 10 7 2006
City	State	Zip Code	Transaction ID: R1625465
Muncy	PA	17756	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		87.50  Payroll Deduction
Name of Employer Self-employed	Occupatio Insuranc		Fayron Deduction
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		612.50	
Full Name (Last, First, Middle Initial)  Mr. Douglas F. Bennetti, LUTCF	l		Date of Receipt
Mailing Address 806 Quail Run			07 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1626059
Wyoming	DE	19934	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		125.00
Name of Employer Self-employed	Occupatio Insuranc		Check
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		375.00	
SUBTOTAL of Receipts This Page (optional)			254.50
		<u> </u>	
TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 115 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a
		, -	13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may ame and addr	not be sold or used by any personess of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Association of Insurance and Fi tee	nancial Ad	visors Political Action Com	mit-
Full Name (Last, First, Middle Initial)  Mr. Robert A. Berg, CLU, LUTCF			Date of Receipt
Mailing Address 1405 Blackberry Lane			07 10 7 2006
City	State	Zip Code	Transaction ID: R1624189
Stevens Point	WI	54481-9140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
Receipt For:		Year-to-Date ▼	1
Primary General Other (specify) ▼	0 0	210.00	
Full Name (Last, First, Middle Initial)  3. Mr. Thomas C. Besselman			Date of Receipt
Mailing Address 6421 Perkins Rd # 2b		07 10 7 2006	
City	State	Zip Code	Transaction ID: R1624011
Baton Rouge	LA	70808-4125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
Receipt For:	Aggregate '	Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial)  6. Mr. David B. Bianchi, CLU			Date of Receipt
Mailing Address 1125 Beldon Way			0 7 1 0 2 0 0 6
City	State	Zip Code	Transaction ID: R1624683
Reno	NV	89503-3164	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
Receipt For:	Aggregate '	Year-to-Date ▼	
Primary General Other (specify) ▼		420.00	
SUBTOTAL of Receipts This Page (optional)			140.00
		<u>-</u>	
TOTAL This Period (last page this line number onl	ly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 115			
ITEMIZED RECEIPTS			or each category of the	(check only one)			
••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12			
_				13 14 15 16 17	7		
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{}$	NAME OF COMMITTEE (In Full)		71		_		
>	National Association of Insurance and Fi	nancial A	dvisors Political Action Com	nit-			
	tee	nanorai 7 k					
	Full Name (Last, First, Middle Initial)						
۹.	Ms. Eleanor B. Blaylock			Date of Receipt			
	Mailing Address P.O. Box 296			07 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code				
	City Oil City	LA	71061-0296	Transaction ID: R1623581			
	•	LA	71001-0290	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	reactal political committee.			Daywell Dadwetian			
	Name of Employer Self-employed	Occupation	า	Payroll Deduction			
		Insurance					
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General	, , ,	334.00				
	Other (specify) ▼	1 1					
	Full Name (Last, First, Middle Initial)			+	_		
3.	Mr. James F. Boylan, LUTCF,CIC			Date of Receipt			
	Mailing Address 8489 N.W. 15th Ct			M M / D D / Y Y Y Y			
		07 03 2006					
	City	State	Zip Code	Transaction ID: R1625617			
	Coral Springs	FL	33071-6214	Amount of Each Receipt this Period			
	FEC ID number of contributing	C		350.00			
	federal political committee.			555.55			
	Name of Employer	Occupation	 1	Check			
	Name of Employer Self-employed	Insurance					
	Receipt For:		Year-to-Date ▼	1			
	Primary General		050.00				
	Other (specify)		350.00				
					_		
•	Full Name (Last, First, Middle Initial)			Date of Receipt			
٠.	Mr. John J. Bradley, CLU  Mailing Address 148 Grove Street			Date of Receipt			
	140 GIOVE SILECT			07 10 2006			
	City	State	Zip Code	Transaction ID: R1624515			
	Westwood	MA	02090	Amount of Each Receipt this Period	_		
	FEC ID number of contributing			41.00			
	federal political committee.	C		41.66			
	Name of Employer	Occupation	2	Payroll Deduction			
	Self-employed	Insurance					
Insurar			e Year-to-Date ▼	-			
	Primary General	gg. ogale					
	Other (specify)		291.62				
s	UBTOTAL of Receipts This Page (optional)			441.66			
T	OTAL This Period (last page this line number on	ly)	<b></b>				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 115
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
			Detailed Summary Page	13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		71	
$\rangle$	National Association of Insurance and F	inancial A	dvisors Political Action Comr	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. Gary A. Bramon, CLU, ChFC			Date of Receipt
	Mailing Address 269 San Felipe Way			07 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1625059
	Novato	CA	94945-1687	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance Aggregate	e Agent e Year-to-Date ▼	$\dashv$
	Primary General Other (specify) ▼	, 1991 09dic	350.00	
3.	Full Name (Last, First, Middle Initial) Mr. Ronald D. Brant, CLU, LUTCF			Date of Receipt
	Mailing Address 10234 Hoffman	07 10 7 2006		
	City	State	Zip Code	Transaction ID: R1625216
	Maybee	MI	48159-9777	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		105.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	-
	Primary General	35 0		
	Other (specify) ▼	0 0	885.00	
 ک.	Full Name (Last, First, Middle Initial) Mr. Ronald D. Brant, CLU, LUTCF			Date of Receipt
	Mailing Address 10234 Hoffman			07 20 2006
	City	State	Zip Code	Transaction ID: R1626005
	Maybee	MI	48159-9777	Amount of Each Receipt this Period
	FEC ID number of contributing	С		100.00
	federal political committee.			
	Name of Employer Self-employed	Occupation		Credit Card
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	-
	Primary General	Aggregate		
	Other (specify) ▼		885.00	
s	UBTOTAL of Receipts This Page (optional)			255.00
т.	OTAL This Period (last page this line number on	ılv)		
•		·· <b>y</b> / ······	······································	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Finatee	ancial Ac	dvisors Political Action Com	nit-
Α.	Atlanta  FEC ID number of contributing federal political committee.	State GA Coccupation	Zip Code 30327-1418	Date of Receipt    M M
	Self-employed Ir	nsurance		
3.	Full Name (Last, First, Middle Initial)  Mr. C. Robert Brown, Sr., CLU, L  Mailing Address 8675 WestCott			Date of Receipt  0 7 1 0 2 0 0 6
		State	Zip Code	Transaction ID: R1623344
	FFO ID as well as of a section time.	TN C	38138-7738	Amount of Each Receipt this Period  62.50
	Self-employed Ir	Occupation nsurance Aggregate		Payroll Deduction
<b></b> C.	Full Name (Last, First, Middle Initial) Mr. Michael O. Brown, LUTCF Mailing Address 6512 Nell 3			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	•	State	Zip Code	Transaction ID: R1624977
	EEO ID reveale as of a particle, times	OK C	73013	Amount of Each Receipt this Period  60.00
	Solt omployed	occupation rsurance		Payroll Deduction
			Year-to-Date ▼ 420.00	
s	JBTOTAL of Receipts This Page (optional)			172.50
т.	This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMB	ER: PAGE 16/115		
ITEMIZED RECEIPTS			or each category of the	(check only one)			
••	LIVIIZED REGEN 13		Detailed Summary Page	X 11a 11I 13 14	$\vdash$		
Ar	ny information copied from such Reports and Statemer for commercial purposes, other than using the name	ents may	not be sold or used by any perso				
or		and add	lress of any political committee to	solicit contributions f	rom such committee.		
	NAME OF COMMITTEE (In Full)  National Association of Insurance and Final	:+					
$\angle$	tee	nciai Ac	dvisors Political Action Com				
Α.	Full Name (Last, First, Middle Initial) Mr. George B. Bryce, CLU, ChFC			Date of Receip	t ·		
Λ.	Mailing Address 2730 Ardon Ln			M M / D	D / Y Y Y Y		
				0 7	10 2006		
	•	State	Zip Code	Transaction ID			
	<u>Casper</u> WY		82609-3902	Amount of Eac	h Receipt this Period		
	FEC ID number of contributing federal political committee.				42.00		
	Self-employed 1	ccupation		Payroll Deduc	tion		
			e Agent Year-to-Date ▼	_			
	Primary General	ggregate		1			
	Other (specify) ▼	0 0	294.00				
— В.	Full Name (Last, First, Middle Initial) Mr. James A. Buchan, CLU, ChFC			Date of Receip			
υ.	Mailing Address 5716 W. Orlando Circle			- ·	D / Y Y Y Y		
		0 7	10 2006				
	•	State OK	Zip Code	Transaction ID: R1624696			
		JN	74011	Amount of Eac	h Receipt this Period		
	FEC ID number of contributing federal political committee.	ן		11	60.00		
	Name of Employer	ccupation		Payroll Deduc	tion		
	Self-employed		e Agent				
			Year-to-Date ▼	1			
	Primary General	1 1	441.00				
	Other (specify) ▼	0 0	111.00				
C	Full Name (Last, First, Middle Initial) Mr. Jaford D. Burgad, LUTCF			Date of Receip	.t		
U.	Mailing Address 3842 N. 10th St.			<u> </u>	D / Y Y Y Y		
				0 7	10 2006		
	•	State	Zip Code	Transaction ID			
		ND	58102-1044	Amount of Eac	h Receipt this Period		
	FEC ID number of contributing federal political committee.				30.00		
	Solf amployed 1	ccupation		Payroll Deduc	tion		
Illisurali			e Agent Year-to-Date ▼	4			
Receipt For:  Primary  General  Aggregat			Teal-10-Date V	1			
	Other (specify) ▼		210.00				
	LIPTOTAL of December This December (1975)				132.00		
S	UBTOTAL of Receipts This Page (optional)		······				
Т	TOTAL This Period (last page this line number only)						

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 17 / 115
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
<del>.</del>	NAME OF COMMITTEE (In Full)	110 4114 440	nood of any political committee to	CONTRACTOR TO THE CONTRACTOR CONTRACTOR
$\rangle$	National Association of Insurance and Fir	nancial Ad	dvisors Political Action Com	mit-
_	tee			
	Full Name (Last, First, Middle Initial) Mr. William D. Burke, CLU, CFP(r			Date of Receipt
٦.	Mailing Address 2216 Nelda Way			M M / D D / Y Y Y Y
				07 10 2006
	City	State	Zip Code	Transaction ID: R1624468
	Alamo	CA	94507	Amount of Each Receipt this Period
	FEC ID number of contributing	C		21.00
	federal political committee.			
	Name of Employer Self-employed	Occupation	1	Payroll Deduction
		Insurance		
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		247.00	
	Cities (speedily) 🔻	0 0	0 0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial)			
3.	Ms. Donna J. Burrill, CLU, ChFC,			Date of Receipt
	Mailing Address P.O.BOX 143	07 10 2006		
	City	State	Zip Code	Transaction ID: R1625235
	FORT COLLINS	CO	80522-0143	Amount of Each Receipt this Period
	FEC ID number of contributing			60.00
	federal political committee.	C		
	Name of Employer	Occupation	1	Payroll Deduction
	Salt-amployed	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	310.00	
	Other (specify) ▼			
	Full Name (Last, First, Middle Initial)			
Э.	Mr. David Burstin, CLU,ChFC,R			Date of Receipt
	Mailing Address 1435 Bennington Avenue			07 19 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1625923
	Pittsburgh	PA	15217-1138	Amount of Each Receipt this Period
	FEC ID number of contributing			100.00
	federal political committee.	C		100.00
	Name of Employer	Occupation	1	Check
	Self-employed 1	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify) ▼		200.00	
	L			
SI	JBTOTAL of Receipts This Page (optional)			181.00
			·	
T	OTAL This Period (last page this line number only	/)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 18 / 115 (check only one)  X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
۷ ۵.	Full Name (Last, First, Middle Initial) Mr. Christopher D. Campbell, CLU, ChFC			Date of Receipt
	Mailing Address 2511 Brandon Road			0 7 1 0 7 2 0 0 6
	City Upper Arlington	State OH	Zip Code 43221	Transaction ID: R1624025  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40221	42.50
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 297.50	
3.	Full Name (Last, First, Middle Initial) Ms. Kelli J. Carmichael, CLU, LUTCF			Date of Receipt
	Mailing Address 2914 S Coffman	07 10 7 2006		
	City Casper	State WY	Zip Code 82604-4733	Transaction ID: R1625388
	FEC ID number of contributing federal political committee.	C	02004-4753	Amount of Each Receipt this Period  22.50
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 247.50	
<b></b> C.	Full Name (Last, First, Middle Initial) Mr. James M. Cavasar			Date of Receipt
	Mailing Address 6 Chapel Hill Court			07 10 7 2006
	City Mansfield	State TX	Zip Code 76063-3318	Transaction ID: R1622252  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 0000 0010	36.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 252.00	
SI	UBTOTAL of Receipts This Page (optional)			101.00
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 115
TEMIZED RECEIPTS			or each category of the	(check only one)
•	LIMIZED RECEIL 13		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
۸۰	w information against from augh Departs and State	monto mov	r not be cold or used by any parce	
or	ly information copied from such Reports and State for commercial purposes, other than using the name	ne and add	rnot be sold of used by any perso Iress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Insurance and Fin	nancial Ad	dvisors Political Action Comr	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. Mark A. Chandik, CLU, ChFC			Date of Receipt
	Mailing Address 42 Ritz Cove Drive			07 10 7 2006
	City	State	Zip Code	Transaction ID: R1623814
	Dana Point	CA	92629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		208.00
	Self-employed '	Occupation		Payroll Deduction
			Year-to-Date ▼	1
	Primary General Other (specify) ▼	33 13	1456.00	
 3.	Full Name (Last, First, Middle Initial) Ms. Queenie M. Chee, CLU, LUTCF			Date of Receipt
	Mailing Address 833 Waika Place	0 7 1 0 2 0 0 6		
	City	State	Zip Code	Transaction ID: R1623879
	Honolulu	HI	96825-1061	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Salf-amployed 1	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	Year-to-Date ▼	1
	Primary General Other (specify) ▼		294.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Adelia C. Chung, CLU, ChFC			Date of Receipt
	Mailing Address 190 Dowsett Ave.			07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1625609
	<u>Honolulu</u>	HI	96817-1108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Self-employed	Occupation Insurance		Check
	· · · · · · · · · · · · · · · · · · ·		Year-to-Date ▼	1
	Primary General Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)		·····	750.00
T	OTAL This Period (last page this line number only	<i>ı</i> )	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	Check only one
Ar	ny information copied from such Reports and Statements ma for commercial purposes, other than using the name and ac	ay not be sold or used by any perso Idress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)  National Association of Insurance and Financial Atee	•	
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas R. Clark, CLU, ChFC Mailing Address 1603 22nd St Ste 202  City State West Des Moines IA  FEC ID number of contributing federal political committee.  Name of Employer Self-employed Receipt For: Aggregat		Date of Receipt    M M M
	Primary General Other (specify) ▼	420.00	
Full Name (Last, First, Middle Initial)  B. Mr. Gordon T. Colburn  Mailing Address 126 Crystal Springs Road			Date of Receipt    M
	City State San Dimas CA	Zip Code	Transaction ID: R1624765
	FEC ID number of contributing federal political committee.	91773	Amount of Each Receipt this Period  42.50
	Name of Employer Self-employed  Receipt For:  Primary  Other (specify) ▼  Occupation  Insurance  Aggregat		Payroll Deduction
<u>с</u> .	Full Name (Last, First, Middle Initial) Mr. Norman A. Coltrane, LUTCF Mailing Address 1607 Hatherleigh Drive	Date of Receipt  0 7 1 0 2 0 0 6	
	City State	Zip Code	Transaction ID: R1625079
	Fayetteville NC  FEC ID number of contributing federal political committee.	28304-3643	Amount of Each Receipt this Period  30.25
	Name of Employer Self-employed  Receipt For:  Primary  Other (specify)   Occupation Insurance  Aggregat		Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)		132.75
Т	OTAL This Period (last page this line number only)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 115
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Δn	y information copied from such Reports and Sta	tomente may	unot be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mrs. Melissa T. Copeland, LUTCF			Date of Receipt
	Mailing Address 236 Hobbs Landing Roa	.d		07 10 7 2006
	City	State	Zip Code	Transaction ID: R1622057
	Elizabeth City	NC	27909	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		55.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	1	e Year-to-Date ▼	-
	Primary General	33 -3		1
	Other (specify) ▼	0 0	330.00	
3.	Full Name (Last, First, Middle Initial) Mr. David A. Culley, CLU, ChFC			Date of Receipt
	Mailing Address 4187 Club Drive N.E.	07 10 7 2006		
	City	State	Zip Code	Transaction ID: R1625432
	Atlanta	GA	30319-1115	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	-
	Primary General	00 0		1
	Other (specify) ▼	0 0	294.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Jack H. Curtis			Date of Receipt
	Mailing Address 1508 Morning Glory Cr.			07 10 7 2006
	City	State	Zip Code	Transaction ID: R1625358
	Tupelo	MS	38801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.50
	Name of Employer	Occupation	n	Payroll Deduction
	Self-employed '	Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		297.50	
s	UBTOTAL of Receipts This Page (optional)			139.50
			•	
T	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 115
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial)  A. Mr. Vincent M. D'Addona, CLU, ChFC			Date of Receipt
Mailing Address 141 Greenway Road			M M / D D / Y Y Y Y
Cit.	Ctata	7:- Oada	07 10 2006
City Lido Beach	State NY	Zip Code 11561-4828	Transaction ID: R1625102  Amount of Each Receipt this Period
FEC ID number of contributing	C	1 1 1 1 1 1	85.00
federal political committee.	0		
Name of Employer Self-employed	Occupatio		Payroll Deduction
Receipt For:	Insuranc Aggregate	e Agent e Year-to-Date ▼	-
Primary General	7.99.094.0		1
Other (specify) ▼	0 0	595.00	
Full Name (Last, First, Middle Initial)  3. Mr. Vincent M. D'Addona, CLU, ChFC			Date of Receipt
Mailing Address 141 Greenway Road			07 31 YYYY 2006
City	State	Zip Code	Transaction ID: R1626211
Lido Beach	NY	11561-4828	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		85.00
Name of Employer Self-employed	Occupatio		Check
Receipt For:	Insuranc	e Agent e Year-to-Date ▼	_
Primary General	Aggregate		1
Other (specify) ▼	0 0	595.00	
Full Name (Last, First, Middle Initial)  Mr. Joseph L. Davis, CLU, ChFC,	l		Date of Receipt
Mailing Address 1420 Primrose Road N	I.W.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1625005
Washington	DC	20012-1224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		135.00
Name of Employer Self-employed	Occupatio Insuranc		Payroll Deduction
Receipt For:		e Year-to-Date ▼	
Primary General		945.00	1
Other (specify) ▼		3+3.00	
SUBTOTAL of Receipts This Page (optional)			305.00
TOTAL This Period (last page this line number	only)		
( pago tino into inditibol	,		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER	R: PAGE 23/115
TEMIZED RECEIPTS			or each category of the	(check only one)	
•			Detailed Summary Page	X 11a 11b	11c 12 15 16 17
۸۰	vinformation against from augh Panarta and States	monto mov	not be cold or used by any perce	13 14	
or	y information copied from such Reports and Stater for commercial purposes, other than using the nan	ne and add	ress of any political committee to	solicit contributions fro	om such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
$\rangle$	National Association of Insurance and Fin	ancial Ad	dvisors Political Action Com	mit-	
۹.	Full Name (Last, First, Middle Initial) Mr. John R. Dean, LUTCF,CLU,			Date of Receipt	
	Mailing Address 1700 S.W. 15th Ave.			0 7 D	0 2006
	City	State	Zip Code	Transaction ID:	R1625404
	Willmar	MN	56201	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	C			42.00
	Self-employed *	Occupation		Payroll Deduction	on
		nsurance		_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	.	
	Other (specify)		294.00		
	canon (openiny) V	0 0			
3.	Full Name (Last, First, Middle Initial) Mr. Paul R. Decker, CLU, ChFC			Date of Receipt	
	Mailing Address Box 1832	07 1	0 Y Y Y Y Y Y Y Y 2006		
	City	State	Zip Code	Transaction ID:	R1625239
	Idaho Falls	ID	83403-1832		Receipt this Period
	FEC ID number of contributing				50.40
	federal political committee.	C			30.40
	Name of Employer	Occupation	1	Payroll Deduction	on
	Self-employed	nsurance			
			Year-to-Date ▼		
	Primary General	1 1	252.00		
	Other (specify) ▼	0 0	352.80		
<b>)</b> .	Full Name (Last, First, Middle Initial) Mr. Paul S. Devore, CLU, CFP(r			Date of Receipt	
	Mailing Address 11041 Sunnybrae Avenue				<sup>D</sup> / Y Y Y Y Y Y 2 0 0 6
	City	State	Zip Code	Transaction ID:	
	Chatsworth	CA	91311-1651		Receipt this Period
	FEC ID number of contributing				500.00
	federal political committee.	C			300.00
	Name of Employer	Occupation	1	Credit Card	
	Solf omployed	nsurance			
			Year-to-Date ▼	7	
	Primary General		500.00		
	Other (specify) ▼	0 0	500.00		
					500.40
S	UBTOTAL of Receipts This Page (optional)		·····		592.40
T	OTAL This Period (last page this line number only	)	<b>)</b>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 115
ITEMIZED RECEIPTS		or each category of the	(check only one)
· · · · · · · · · · · · · · · · · · ·		Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Any information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	Einanaial A	dvicare Political Astics Com	mit
National Association of Insurance and F tee	-manciai A	uvisors political action com	mit-
Full Name (Last, First, Middle Initial)			
Mr. David S. Dickenson, II,CLU, Ch			Date of Receipt
Mailing Address 7535 Brigham Road			07 10 2006
City	State	Zip Code	Transaction ID: R1624856
Gates Mills	OH	44040	Amount of Each Receipt this Period
FEC ID number of contributing	С		42.00
federal political committee.			
Name of Employer Self-employed	Occupation		Payroll Deduction
	Insurance	<del>-</del>	4
Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify)		294.00	
Full Name (Last, First, Middle Initial)			Data of Descript
Mr. Lyle Domenitz  Mailing Address 8720 Maggie Ave			Date of Receipt
Walling Address 6720 Maggie Ave	07 10 2006		
City	State	Zip Code	Transaction ID: R1622332
Las Vegas	NV	89143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.40
rederal political committee.			Payroll Deduction
Name of Employer Self-employed	Occupation		Payroll Deduction
	Insurance	e Agent e Year-to-Date ▼	_
Receipt For:  Primary General	Aggregate	e real-lo-Dale V	1
Other (specify) ▼		352.80	
Full Name (Last, First, Middle Initial)  7. Mr. Robert E. Dooley, CLU, ChFC,			Date of Receipt
Mailing Address 1567 Edmond Drive			M M / D D / Y Y Y Y
			07 11 2006
City	State	Zip Code	Transaction ID: R1625778
San Carlos	CA	94070-4235	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
<u> </u>			Credit Card
Name of Employer Self-employed	Occupation		S. Sain Said
Receipt For:		e Year-to-Date <b>V</b>	+
Primary General	1.99.19		1
Other (specify) ▼		500.00	
l			
SUBTOTAL of Receipts This Page (optional)			592.40
CODITION OF THE CEIPING THIS FAGE (OPHOHAI)		······································	
TOTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 115 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Daniel D. Duren, CLU,ChFC,L Mailing Address 6537 S. 34th Street  City Lincoln  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For: Primary General	State NE  C Occupation Insurance Aggregate	e Agent Year-to-Date ▼	Date of Receipt    M M
3.	Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Robert Eddy, Jr.,CLU, C  Mailing Address 203 Autumn Oak Bend		297.50	Date of Receipt  0 7 1 0 2 0 0 6
	City Lafayette  FEC ID number of contributing federal political committee.  Name of Employer Self-employed	State LA  C Occupation		Transaction ID: R1624595  Amount of Each Receipt this Period  42.50  Payroll Deduction
	Receipt For: Primary General Other (specify)	Insurance Aggregate	e Agent e Year-to-Date ▼ 297.50	
Э.	Full Name (Last, First, Middle Initial) Mr. Matthew Edelstein, CLU,ChFC Mailing Address 1550 Penstemon Ct  City Grayslake	State IL	Zip Code 60030-3515	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.  Name of Employer	C		8.50 Payroll Deduction
	Receipt For: Primary General Other (specify)	Insurance		
s	UBTOTAL of Receipts This Page (optional)			93.50
т.	OTAL This Period (last page this line number on	dv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 115
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An	y information copied from such Reports and Statemer	ents may	not be sold or used by any person	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name a	and add	ress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	National Association of Insurance and Finantee	ncial Ac	ivisors Political Action Comr	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. Donald A. Eichelberger			Date of Receipt
	Mailing Address 3217 Highway D65			M·M / D·D / Y·Y·Y·Y 07 10 .2006
	City Si	State	Zip Code	Transaction ID: R1625401
	Dysart IA		52224-9750	Amount of Each Receipt this Period
	FFC ID number of contribution			
	federal political committee.	;		50.40
	Name of Employer Occ Self-employed Inc	cupation	1	Payroll Deduction
	1110	surance	e Agent	
		gregate	Year-to-Date ▼	
	Primary General		352.80	
	Other (specify)	0 0		
3.	Full Name (Last, First, Middle Initial) Mr. M. Jay Einstein, CLU			Date of Receipt
	Mailing Address 59 Margarete Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1624827
	<u>Pittsgrove</u> N	IJ	08318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee			72.00
	federal political committee.	•		
	Name of Employer Occ Self-employed	cupation	1	Payroll Deduction
	IIIS		e Agent	
		gregate	Year-to-Date ▼	
	Primary General		504.00	
	Other (specify)	0 0		
`	Full Name (Last, First, Middle Initial) Mr. Scott Engell, LUTCF			Date of Receipt
٠.	Mailing Address 757 Armadillo Drive			M M / D D / Y Y Y Y
				07 07 2006
	•	State	Zip Code	Transaction ID: R1625723
	<u>Deltona</u> F	·L	32725-2651	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	;		100.00
	Name of Employer Occ Self-employed	cupation	1	Credit Card
Receipt For: Primary General Aggregate		-		
		gregate	Year-to-Date ▼	
			375.00	
	Other (specify)		370.00	
9	UBTOTAL of Receipts This Page (optional)			222.40
_	ODITIAL OF HECEIPLS THIS Fage (Optional)		<u>P</u>	
т	OTAL This Period (last page this line number only)		•	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 27 / 115
	EMIZED RECEIPTS		or each category of the	(check only one)	. —
••	LIMIZED HEGEII 10		Detailed Summary Page	X 11a 11b	11c   12 15   16   17
۸۰	winformation against from such Departs and St	otomonto mo	, not be cold or used by any person	n for the purpose of coliciti	
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from s	uch committee.
	NAME OF COMMITTEE (In Full)				
$\rangle$	National Association of Insurance and tee	Financial Ad	dvisors Political Action Com	mit-	
Α.	Full Name (Last, First, Middle Initial) Mr. Ronald W. Erickson, CLU, AEP,			Date of Receipt	
	Mailing Address 3002 St. Regis Rd			07 / 10	2006
	City	State	Zip Code	Transaction ID: R1	
	Greensboro	NC	27408-4407	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			41.25
	Name of Employer Self-employed	Occupation		Payroll Deduction	
	Receipt For:		Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼		220.00		
В.	Full Name (Last, First, Middle Initial) Mr. Byron Hyatt Erstad, Jr.			Date of Receipt	
	Mailing Address 2510 S Nantucket Way			07 / 10	2006
	City	State	Zip Code	Transaction ID: R1	624965
	Boise	ID	83706-5095	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			50.40
	Name of Employer Self-employed	Occupation	1	Payroll Deduction	
	Self-employed	Insurance	e Agent		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	' '	352.80	1	
	Other (specify)	0 0	002.00		
C.	Full Name (Last, First, Middle Initial) Mr. Stephen D. Estler, CLU, ChFC			Date of Receipt	
	Mailing Address 2177 NE 63 St.			0 7 D D D 1 0	2006
	City	State	Zip Code	Transaction ID: R1	624988
	Fort Lauderdale	FL	33308	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			42.50
	Name of Employer Self-employed	Occupation		Payroll Deduction	
			Year-to-Date ▼		
Primary General			007.50	1	
	Other (specify) ▼	0 0	297.50		
s	UBTOTAL of Receipts This Page (optional)				134.15
Ĕ	(optional) in			-	
T	OTAL This Period (last page this line number of	only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 115 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. John Everett, LUTCF Mailing Address 531 Daniel  City Santa Maria  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For: Primary General Other (specify)  City Mailing Address 4949 Samish Way #5  City Bellingham	State CA  C Occupation Insurance Aggregate State WA	e Agent e Year-to-Date ▼  294.00  Zip Code	Date of Receipt  M M M / D D / 2006  Transaction ID: R1624229  Amount of Each Receipt this Period  42.00  Payroll Deduction  Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For:  Primary General Other (specify)	Occupation Insurance		Amount of Each Receipt this Period  12.50  Payroll Deduction
<b>C</b> .	Full Name (Last, First, Middle Initial) Mr. George C. Finklea, Jr.,LUTCF Mailing Address 1707 Waterford Dr  City Wilson  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For: Primary General Other (specify)	State NC C Occupation Insurance Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		<b>)</b>	604.50
T	OTAL This Period (last page this line number onl	v)	<b>_</b>	

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 115		
ıT	EMIZED RECEIPTS		or each category of the	(check only one)		
•	TEMPED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12		
Ar or	ny information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any persolress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{}$	NAME OF COMMITTEE (In Full)					
$\rangle$	National Association of Insurance and Fin tee	ancial Ad	dvisors Political Action Com	mit-		
۹.	Full Name (Last, First, Middle Initial) Mr. Timothy C. Flanagan, Jr.			Date of Receipt		
	Mailing Address 2007 Maynard Rd			07 31 7 2006		
	City	State	Zip Code	Transaction ID: R1626225		
	Charlotte	NC	28270-0007	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		275.00		
	Self-employed *	Occupation		Check		
		Insurance				
	Receipt For:  Primary General	Aggregate	Year-to-Date ▼			
	Other (specify)		275.00			
3.	Full Name (Last, First, Middle Initial) Mr. Thomas F. Flournoy, Jr.,CLU			Date of Receipt		
	Mailing Address 2651 Stanislaus Circle			07 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1624815		
	Macon	GA	31204-2849	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		42.00		
	Self-employed	Occupation Insurance		Payroll Deduction		
	· · · · · · · · · · · · · · · · · · ·		Year-to-Date ▼	7		
	Primary General Other (specify) ▼		294.00			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Marvin K. Fore, Jr.			Date of Receipt		
	Mailing Address 502 Lk. Charm Court			0 7 0 7 2 0 0 6		
	City	State	Zip Code	Transaction ID: R1625714		
	Oviedo	FL	32765	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer		Occupation	1	Credit Card		
	Self-employed	Insurance				
		Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
s	UBTOTAL of Receipts This Page (optional)			567.00		

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 115
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Insurance and I tee	Financial Ad	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. H. Larry Fortenberry, CPA,CLU,Ch			Date of Receipt
	Mailing Address 603 Gordon PI			07 10 2006
	City	State	Zip Code	Transaction ID: R1624848
	Madison	MS	39110-9799	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		52.50
	Name of Employer	Occupation	า	Payroll Deduction
	Self-employed	Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		007.50	1
	Other (specify) ▼	0 0	367.50	
В.	Full Name (Last, First, Middle Initial) Mr. Lawrence J. Fowler, Jr.			Date of Receipt
	Mailing Address 481 Route 82			07 10 2006
	City	State	Zip Code	Transaction ID: R1624866
	Oakdale	CT	06370-1149	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		105.00
				Payroll Deduction
	Name of Employer Self-employed	Occupation		1 ayron bedaction
	Receipt For:	Insurance	e Year-to-Date <b>V</b>	_
	Primary General	Aggregate	rear-to-Date ▼	1
	Other (specify)		735.00	
— С.	Full Name (Last, First, Middle Initial) Mr. Thomas E. Fowler, CLU, LUTCF			Date of Receipt
٥.	Mailing Address 13243 S.E. 51st Place			M M / D D / Y Y Y Y
				07 10 2006
	City	State	Zip Code	Transaction ID: R1624637
	Bellevue	WA	98006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		107.50
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	1
	Primary General	00 0		1
	Other (specify) ▼		752.50	
s	UBTOTAL of Receipts This Page (optional)		<b>)</b>	265.00

TOTAL This Period (last page this line number only) .....

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 115
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
	3=== 3		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any or f	y information copied from such Reports and State or commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	ine and add	iress or arry political committee to	Solicit Contributions from Such Contributes.
$\rangle$	National Association of Insurance and Fitee	nancial Ad	dvisors Political Action Com	mit-
	Full Name (Last, First, Middle Initial) Ms. Debra L. Franklin-Schatzki			Date of Receipt
	Mailing Address 380 W 12th St			M M / D D / Y Y Y Y
	City	State	Zip Code	0 7 1 0 2 0 0 6  Transaction ID: R1625096
	New York	NY	10014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation	1	Payroll Deduction
		Insurance	<del>-</del>	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	294.00	
	Full Name (Last, First, Middle Initial) Mr. James E. Freilinger			Date of Receipt
	Mailing Address 24 Teal Point Dr	07 18 2006		
	City	State	Zip Code	Transaction ID: R1625849
	Scarborough	ME	04074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Self-employed	Occupation		Check
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	-
	Primary General	7.199.094.0		1
	Other (specify) ▼		225.00	
	Full Name (Last, First, Middle Initial) Mr. Robert L. French, LUTCF			Date of Receipt
	Mailing Address 4105 Sheridan Lake Roa	d		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1624497
	Rapid City	SD	57702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	-
	Primary General	Aggregate		
	Other (specify) ▼	0 0	210.00	
sı	JBTOTAL of Receipts This Page (optional)			147.00
т/	DTAL This Period (last page this line number onl	w		
- 1	✓ IAL THIS I GHOW (TAST PAYE THIS THE HUTTIDE OF	y /	······································	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 115
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12
	_		Detailed Summary Page	13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee
<u> </u>	NAME OF COMMITTEE (In Full)	arric aria aac	areas or arry pointed committee to	Solicit Goriti Buttorio il Giri Suori Goritimiteo.
$\rangle$	National Association of Insurance and F	Financial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Peter Fulchiron, CLU, LUTCF			Date of Receipt
	Mailing Address 411 San Andreas Drive			07 10 7 2006
	City	State	Zip Code	Transaction ID: R1625472
	Novato	CA	94945-1237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		208.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1456.00	
3.	Full Name (Last, First, Middle Initial) Mr. Donald T. Fulton, CLU, ChFC			Date of Receipt
	Mailing Address 43 Bridleshire Road	07 12 7 2006		
	City	State	Zip Code	Transaction ID: R1625815
	Newark	DE	19711-6217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation		Credit Card
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
	Primary General	Aggregate		
	Other (specify) ▼	0 0	250.00	
). D.	Full Name (Last, First, Middle Initial) Mr. R. Keith Fulton			Date of Receipt
-	Mailing Address 1547 Davenport Dr			07 07 2006
	City	State	Zip Code	Transaction ID: R1625718
	New Port Richey	FL	34655-4230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation		Credit Card
	Receipt For:	-	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			708.00
			<u> </u>	
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 115
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	EWIZED REGEN 10		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Aı	ny information copied from such Reports and Statemen	nts may	not be sold or used by any perso	
or	for commercial purposes, other than using the name a	and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and Finance	cial A	dvisors Political Action Com	nit-
Α.	Full Name (Last, First, Middle Initial) Mr. Adger Lamar Gaines, LUTCF			Date of Receipt
	Mailing Address 106 Smith Circle			M M / D D / Y Y Y Y
	City Ct	ate	7in Codo	
	City St. Belton St		Zip Code 29627	Transaction ID: R1623944  Amount of Each Receipt this Period
	FFO ID combined for additional	<u> </u>	29021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<u></u>		10.00
	Name of Employer Occ	upation	<u> </u>	Payroll Deduction
	Self-employed Insu	urance	e Agent	
	Receipt For: Agg	gregate	e Year-to-Date ▼	
	Primary General		245.00	
	Other (specify) ▼		240.00	
В.	Full Name (Last, First, Middle Initial) Mr. Jason M. Garman			Date of Receipt
	Mailing Address 1103 Bear Cub Ct.			07 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City St.	ate	Zip Code	Transaction ID: R1622189
	Henderson N	V	89012	Amount of Each Receipt this Period
	EEC ID asserbles of contribution	-		
	federal political committee.			50.40
	Name of Employer	unatio	2	Payroll Deduction
	Self-employed	upation	e Agent	
			Year-to-Date ▼	
	Primary General	,		
	Other (specify) ▼		352.80	
_				
C.	Full Name (Last, First, Middle Initial) Mr. Jules O. Gaudreau, Jr., ChFC			Date of Receipt
٠.	Mailing Address PO Box 369			M M / D D / Y Y Y Y
	1984 Boston Rd			07 31 2006
	City Sta Wilbraham M.	ate ^	Zip Code 01095	Transaction ID: R1626226
		A	01095	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<u> </u>		545.00
Name of Employer Self-employed  Receipt For:  Occupation Insurance Aggregate		า	Check	
		Year-to-Date ▼	1	
	Primary General			
	Other (specify) ▼		545.00	
Г	I			
s	UBTOTAL of Receipts This Page (optional)		<b>)</b>	605.40
Т	OTAL This Period (last page this line number only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)		GE 34 / 115		
	ITEMIZED RECEIPTS		or each category of the	(check only one)			
••	LIVIIZED REOLII 13		Detailed Summary Page	X 11a 11b 11c	$\begin{array}{c c} & & 12 \\ \hline & 16 & \hline & 17 \end{array}$		
Ar	y information copied from such Reports and Statem	nents may	not be sold or used by any perso	n for the purpose of soliciting co	ontributions		
or	for commercial purposes, other than using the name	e and add	lress of any political committee to	solicit contributions from such of	committee.		
	NAME OF COMMITTEE (In Full)  National Association of Insurance and Fina	:4					
$\angle$	tee	anciai Ac	JVISOIS POIILICAI ACLIOII COIII	TIIL-			
Α.	Full Name (Last, First, Middle Initial) Mr. James O. Geitgey, LUTCF, FIC			Date of Receipt			
Α.	Mailing Address 279 Glenmore Dr.			M M / D D / Y	YYY		
				07 10	2006		
	•	State	Zip Code	Transaction ID: R16249	904		
	Springfield	<u>OH</u>	45503	Amount of Each Receipt t	his Period		
	FEC ID number of contributing federal political committee.	C			30.00		
	Name of Employer O	ccupation	1	Payroll Deduction			
	Self-employed Ir	nsurance	e Agent				
		Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		220.00				
	Guier (speerly)	0 0					
В.	Full Name (Last, First, Middle Initial) Mr. Gregory Gianakis			Date of Receipt			
	Mailing Address 5315 S Conquistador St			M M / D D / Y			
		07 10	2006				
	,	State	Zip Code	Transaction ID: R16219			
		NV	89148	Amount of Each Receipt t	his Period		
	FEC ID number of contributing federal political committee.	C			25.20		
	Name of Employer	ccupation		Payroll Deduction			
	Salf-amployed 1	nsurance					
			Year-to-Date ▼				
	Primary General		000.40				
	Other (specify) ▼	0 0	236.40				
_	Full Name (Last, First, Middle Initial)			5. (5. )			
C.	Mr. Keith M. Gillies, CLU, ChFC, Mailing Address 109 W. Lakeview Dr.			Date of Receipt	YYY		
	Walling Address 109 W. Lakeview Dr.			07 10	2006		
	City	State	Zip Code	Transaction ID: R16243	343		
	La Place	LA	70068	Amount of Each Receipt t	his Period		
	FEC ID number of contributing	C			50.00		
	federal political committee.			D. J. D. J. J.			
	Name of Employer Occupation Self-employed Insurance			Payroll Deduction			
			<del></del>				
Receipt For: Aggregation Primary General			Year-to-Date ▼				
	Other (specify)		350.00				
_		<u>v d 0 0 0 0 0 0 </u>					
SUBTOTAL of Receipts This Page (optional)							
$\vdash$	OBTOTAL OF Necelpts This Page (optional)			-			
Т	OTAL This Period (last page this line number only)						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 115
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)	aric and add	ress or any political committee to	Solicit Contributions from Sacri Committee.
$\rangle$	National Association of Insurance and Fi	nancial Ad	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Arthur J. Glatfelter, Jr.			Date of Receipt
	Mailing Address P.O. Box 2726			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1625937
	York	PA	17405-2726	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-employed	Occupation		Check
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	_
	Primary General Other (specify) ▼	Aggregate	500.00	
3.	Full Name (Last, First, Middle Initial) Constance Y. Golleher			Date of Receipt
	Mailing Address PO Box 255			07 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1622239
	Mc Lean	VA	22101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		210.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Julian H. Good, Jr.			Date of Receipt
	Mailing Address 5534 Jacquelyn Court			07 20 7 2006
	City	State	Zip Code	Transaction ID: R1626017
	New Orleans	LA	70124-1047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self-employed	Occupation Insurance		Credit Card
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1030.00
т	OTAL This Period (last page this line number on	lv)		
•		· <i>y</i> / ······	······································	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 115 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Fittee	nancial A	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Stephen J. Gowers, CLU, CEP Mailing Address 2809 Avenue of The Woo City Louisville FEC ID number of contributing federal political committee.	State KY C	Zip Code 40241-6233	Date of Receipt  O 7 O 5 C 2 0 0 6  Transaction ID: R1625637  Amount of Each Receipt this Period  300.00  Check
	Name of Employer Self-employed  Receipt For:  Primary  Other (specify) ▼	Insurance		
3.	Full Name (Last, First, Middle Initial) Mr. Todd G. Grantham Mailing Address 203 Brandermill Drive			Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Durham	State NC	Zip Code	Transaction ID: R1623628
	FEC ID number of contributing federal political committee.	C	27713	Amount of Each Receipt this Period  46.75
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 327.25	
<b>)</b> .	Full Name (Last, First, Middle Initial) Mr. Karl Erik Hansen, CLU, ChFC, Mailing Address 900 North Shoreline Boul	overd		Date of Receipt
				07 10 2006
	City Mountain View	State CA	Zip Code 94043-1933	Transaction ID: R1625365  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 297.50	
s	UBTOTAL of Receipts This Page (optional)			389.25
т.	OTAL This Period (last page this line number onl	v)		

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUME	BER: PAGE 37/115
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED RECEIL TO		Detailed Summary Page	X 11a 11	$\vdash$
Ar	ny information copied from such Reports and Stater	nents may	not be sold or used by any perso	n for the purpose of	soliciting contributions
or	for commercial purposes, other than using the name	ne and add	dress of any political committee to	solicit contributions	from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)				
	National Association of Insurance and Fin tee	ancial Ad	dvisors Political Action Com	mit-	
Α.	Full Name (Last, First, Middle Initial) Mr. Alex Hanson, CLU, ChFC			Date of Receip	ot
Α.	Mailing Address 7888 Glen Finnan Cir			M M / D	
				0 7	10 2006
	City	State	Zip Code	Transaction II	
	Ft Myers	FL	33912	Amount of Eac	ch Receipt this Period
	FEC ID number of contributing federal political committee.	С			42.00
	Self-employed	Occupation		Payroll Deduc	ction
		nsurance	<u> </u>		
	Receipt For:  Primary General	Aggregate	Year-to-Date ▼	1	
	Other (specify) ▼		294.00		
_				•	
В.				Date of Receip	ot
	Mailing Address 2250 Bear Den Rd Unit 409			м м / D	10 2006
	City	State	Zip Code		<b>D</b> : R1625384
	Frederick	MD	21701		ch Receipt this Period
	FEC ID number of contributing	С			42.00
	federal political committee.	<u> </u>			
	Name of Employer Self-employed	Occupation	1	Payroll Deduc	ction
		nsurance			
	Receipt For:  Primary General	Aggregate	Year-to-Date ▼	,	
	Other (specify)		294.00		
C.	Full Name (Last, First, Middle Initial) Mr. Thomas M. Hawco, CLU, ChFC			Date of Receip	nt .
٥.	Mailing Address 900 Rockhurst Drive			<b>-</b>	D / Y Y Y Y
				0 7	10 2006
	City	State	Zip Code		D: R1625108
	Lincoln	NE	68510-4114	Amount of Eac	ch Receipt this Period
	FEC ID number of contributing federal political committee.	C			62.50
	Name of Employer	Occupation		Payroll Deduc	ction
	Solf amplayed 1	nsurance			
			Year-to-Date ▼		
	Primary General		437.50	1	
	Other (specify) ▼	0 0	101.00	J	
					440.50
s	UBTOTAL of Receipts This Page (optional)		<b>)</b>		146.50
ļ ,	OTAL This Period (last page this line number only)				
1 1	The tribe choo (last page this line number only)	,	······		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 115 (check only one)  X 11a 11b 11c 12
_				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and ado	r not be sold or used by any perso Iress of any political committee to	solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and F tee	inancial Ad	dvisors Political Action Com	mit-
	Full Name (Last, First, Middle Initial) Mr. Samuel H. Hazleton, IV			Date of Receipt
	Mailing Address 4220 Lakeshore Drive			0 7 1 0 2 0 0 6
	City	State	Zip Code	Transaction ID: R1623637
	Diamond Point	NY	12824	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		294.00	
	Full Name (Last, First, Middle Initial) Mr. Kenneth W. Head, CLU, LUTCF			Date of Receipt
	Mailing Address 203 Burning Brush Rd			07 22 7 2006
	City	State	Zip Code	Transaction ID: R1626034
	Greenville	SC	29607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00  Credit Card
	Name of Employer Self-employed	Occupation Insurance		Credit Card
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
).	Full Name (Last, First, Middle Initial) Mr. Terry K. Headley, LUTCF, LIC			Date of Receipt
	Mailing Address 20704 Meadow Ridge Di	·.		07 10 7 2006
	City	State	Zip Code	Transaction ID: R1623550
	Springfield 550 IB and a contribution	NE	68059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		208.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	-
	Primary General Other (specify) ▼	riggregate	1456.00	
SI	JBTOTAL of Receipts This Page (optional)			750.00
т	OTAL This Period (last page this line number or	ly)	<b>)</b>	

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 115
TEMIZED RECEIPTS			or each category of the	(check only one)
'			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may	not be sold or used by any perso	n for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)	o and dad	nood of any political dominities to	
$\rangle$	National Association of Insurance and Finatee	ancial Ac	dvisors Political Action Comr	nit-
	Full Name (Last, First, Middle Initial) Sharon G. Heierman, CAE			Date of Receipt
	Mailing Address 2990 Kemp Rd			07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	•	State	Zip Code	Transaction ID: R1622161
	Havana	FL	32333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Self-employed 1	occupation rsurance		Payroll Deduction
			Year-to-Date ▼	-
	Primary General Other (specify) ▼		294.00	
3.	Full Name (Last, First, Middle Initial) Mr. Marcus T. Henderson, LUTCF			Date of Receipt
	Mailing Address 109 Barrington Court East			07 10 7 2006
	•	State	Zip Code	Transaction ID: R1625057
	<u>Franklin</u>	TN	37067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Self-employed 1	occupation		Payroll Deduction
			Year-to-Date ▼	-
	Primary General			
	Other (specify) ▼	0 0	252.00	
). ).	Full Name (Last, First, Middle Initial) Mr. Michael B. Hendley			Date of Receipt
	Mailing Address 3939 Roswell Road Ste. 240			07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	•	State	Zip Code	Transaction ID: R1623620
	Marietta	GA	30062	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Self-employed	occupation rsurance		Payroll Deduction
			Year-to-Date ▼	
	Primary General Other (specify) ▼	33 73	294.00	
SI	JBTOTAL of Receipts This Page (optional)			126.00
т/	OTAL This Period (last page this line number only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 115
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X   11a   11b   11c   12
_				13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and I tee	Financial A	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Ronald G. Hester, CLU, ChFC			Date of Receipt
	Mailing Address 261 New River Heights			07 10 7 2006
	City	State	Zip Code	Transaction ID: R1625073
	Boone	NC	28607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		46.75
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	
	Primary General		207.05	1
	Other (specify) 🔻	0 0	327.25	
В.	Full Name (Last, First, Middle Initial) Mr. Richard L. Hill, CLU, ChFC,			Date of Receipt
	Mailing Address 2611 Alvo Road			07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1625392
	Seward	NE	68434	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer	Occupation	n	Payroll Deduction
	Name of Employer Self-employed		e Agent	
	Self-employed  Receipt For:	Insurance	e Agent e Year-to-Date ▼	
		Insurance	e Year-to-Date ▼	1
	Receipt For:	Insurance		
C.	Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. Timothy H. Holladay	Insurance	e Year-to-Date ▼	Date of Receipt
<u> </u>	Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial)	Insurance	e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. Timothy H. Holladay Mailing Address 8926 Ross Ln. City	Insurance Aggregate State	e Year-to-Date ▼ 294.00  Zip Code	0 7 0 3 2 0 0 6 Transaction ID: R1625623
<b>C</b> .	Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Timothy H. Holladay  Mailing Address 8926 Ross Ln.	Insurance Aggregate	e Year-to-Date ▼ 294.00	07 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. Timothy H. Holladay Mailing Address 8926 Ross Ln. City	Insurance Aggregate State	e Year-to-Date ▼ 294.00  Zip Code	Transaction ID: R1625623  Amount of Each Receipt this Period  200.00
C.	Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Timothy H. Holladay Mailing Address 8926 Ross Ln.  City New Port Richey  FEC ID number of contributing	State FL  Occupation	Zip Code 34654	Transaction ID: R1625623  Amount of Each Receipt this Period
c.	Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. Timothy H. Holladay Mailing Address 8926 Ross Ln.  City New Port Richey FEC ID number of contributing federal political committee.  Name of Employer	State FL  Occupation Insurance	Zip Code 34654	Transaction ID: R1625623  Amount of Each Receipt this Period  200.00
<b>c</b> .	Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Timothy H. Holladay Mailing Address 8926 Ross Ln.  City New Port Richey  FEC ID number of contributing federal political committee.  Name of Employer Self-employed	State FL  Occupation Insurance	Zip Code 34654  Agent	Transaction ID: R1625623  Amount of Each Receipt this Period  200.00
 c.	Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Timothy H. Holladay Mailing Address 8926 Ross Ln.  City New Port Richey  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For:  Primary General	State FL  Occupation Insurance	Zip Code 34654  Agent  Page Agent  Page Agent  Page Year-to-Date ▼	Transaction ID: R1625623  Amount of Each Receipt this Period  200.00  Check
	Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Timothy H. Holladay Mailing Address 8926 Ross Ln.  City New Port Richey  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For:  Primary General	State FL  Occupation Insurance Aggregate	Zip Code 34654  A gent  P a Year-to-Date  A gent  A Year-to-Date  875.00	Transaction ID: R1625623  Amount of Each Receipt this Period  200.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 115 (check only one)    X
Ar or	y information copied from such Reports and Statements for commercial purposes, other than using the name and	may not be sold or used by any perso address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Financia tee	l Advisors Political Action Com	mit-
Α.		34654	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	-	68510-4114	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D.</b>		89146	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		790.00
T	OTAL This Period (last page this line number only)	<b>&gt;</b>	

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 42/115
	EMIZED RECEIPTS		or each category of the	(check only one)	1
•			Detailed Summary Page	X 11a 11b 13 14	11c   12 15   16   17
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso		
or		name and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)	<b></b>	I to a Baltita I Aarta Oo	9	
	National Association of Insurance and tee	Financiai A	avisors Political Action Com	mit-	
Α.	Full Name (Last, First, Middle Initial) Ms. April L. Howard			Date of Receipt	
Λ.	Mailing Address 3386 Williamsburg			M M / D D	/ Y 'Y 'Y 'Y
				07 10	2006
	City Boise	State ID	Zip Code	Transaction ID: R1	
	FEC ID number of contributing		83706-5320	Amount of Each Re	1 1 1 1
	federal political committee.	C		De well De diveties	57.00
	Name of Employer Self-employed	Occupation		Payroll Deduction	
	Receipt For:	Insurance	e Year-to-Date <b>V</b>	$\dashv$	
	Primary General	33 -3		1	
	Other (specify) ▼	0 0	369.00		
— В.	Full Name (Last, First, Middle Initial) Mr. William A. Hume, LUTCF			Date of Receipt	
٥.	Mailing Address 1075 Woodfield Lane			M M / D D	/ <b>Y 'Y 'Y 'Y</b>
				07 10	2006
	City	State	Zip Code	Transaction ID: R1	
	<u>Libertyville</u>	<u>IL</u>	60048	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			30.00
	Name of Employer Self-employed	Occupation	n	Payroll Deduction	
		Insurance	<del>-</del>	_	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	1	
	Other (specify) ▼		235.00		
_					
C.	Full Name (Last, First, Middle Initial) Mr. Hollis O. Inglett, Jr., LUTCF			Date of Receipt	
	Mailing Address 31 Cone Rd			M M / D D	
	City	State	Zip Code	Transaction ID: R1	2006
	Ormond Beach	FL	32174-7903	Amount of Each Re	
	FEC ID number of contributing			7	<del> </del>
	federal political committee.	C			42.00
	Name of Employer Self-employed	Occupation	n	Payroll Deduction	
		Insurance			
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)		294.00		
_	<u> </u>				
s	UBTOTAL of Receipts This Page (optional)				129.00
$\vdash$			•	-	
T	OTAL This Period (last page this line number of	only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 / 115
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Insurance and F tee	inancial A	dvisors Political Action Com	nit-
Δ.	Full Name (Last, First, Middle Initial) Mr. Marwan Jabbour			Date of Receipt
-	Mailing Address 7601 Lewinsville Road, S	Suite 420		M M / D D / Y Y Y Y
	City	State	Zip Code	0 7 2 2 2 0 0 6  Transaction ID: R1626031
	Mc Lean	VA	22102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation	n	Credit Card
	Self-employed	Insurance	e Agent	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
 3.	Full Name (Last, First, Middle Initial) Mr. Jerry E. Jensen, LUTCF			Date of Receipt
	Mailing Address 190 So. 800 W.			07 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1623812
	Blackfoot	<u>ID</u>	83221-6132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.40
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
	Primary General	Aggregate		
	Other (specify) ▼	0 0	355.80	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Gordon E. Kagawa			Date of Receipt
٠.	Mailing Address 877 Puuikena Dr			M M / D D / Y Y Y Y
		01-1-	7'- 0-1-	07 03 2006
	City Honolulu	State HI	Zip Code 96821-2564	Transaction ID: R1625610  Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation		Check
		Insurance		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			550.40
_	OTAL This Desired floor	1.)		
- 1	OTAL This Period (last page this line number or	ııy)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 44 / 115
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Insurance and Fittee	nancial Ad	dvisors Political Action Com	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. Terry M. Kaltenbach, CLU, ChFC			Date of Receipt
	Mailing Address 1358 Ahlrich Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1624665
	Encintas	CA	92024-4029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
		Insurance	-	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		875.00	
3.	Full Name (Last, First, Middle Initial) Mr. George W. Karr, Jr., CLU			Date of Receipt
	Mailing Address 61 Gessner Rd.	07 31 2006		
	City	State	Zip Code	Transaction ID: R1626259
	Kintersville	PA	18930	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-employed	Occupation		Check
		Insurance		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John B. Kearns, LUTCF			Date of Receipt
	Mailing Address 1802 First Ave			M M / D D / Y Y Y Y
	-			07 10 2006
	City Scottsbluff	State NE	Zip Code 69361	Transaction ID: R1623480  Amount of Each Receipt this Period
	FEC ID number of contributing		03301	
	federal political committee.	C		42.50
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent Year-to-Date ▼	_
	Primary General	riggregate		
	Other (specify) ▼	0 0	297.50	
s	UBTOTAL of Receipts This Page (optional)			667.50
_	OTAL Title Decidal 4			
- 1	OTAL This Period (last page this line number only	y)	<b>P</b>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 45 / 115		
-			Use separate schedule(s) or each category of the	(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			Dotailed Carrinary Fage	13 14 15 16 17		
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the na	ame and add	lress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	National Association of Insurance and Fitee	nancial Ad	dvisors Political Action Com	mit-		
A.	Full Name (Last, First, Middle Initial) Mr. Michael L. Kerley, JD			Date of Receipt		
	Mailing Address 2901 Telestar Court			07 18 2006		
	City	State	Zip Code	Transaction ID: R1625885		
	Falls Church	VA	22042	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		52.25		
	federal political committee.			Check		
	Name of Employer Self-employed	Occupation Insurance		Official		
	Receipt For:		Year-to-Date ▼	_		
	Primary General	Aggregate	Teal to Bate ¥	1		
	Other (specify)		731.50			
В.	Full Name (Last, First, Middle Initial) Mr. Michael L. Kerley, JD			Date of Receipt		
ъ.	Mailing Address 2901 Telestar Court			M M / D D / Y Y Y Y		
	Z301 TeleStal Court			07 31 2006		
	City	State	Zip Code	Transaction ID: R1626255		
	Falls Church	VA	22042	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		52.25		
	federal political committee.			JZ.ZS		
	Name of Employer	Occupation	1	Check		
	Name of Employer Self-employed	Insurance				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		701 50	1		
	Other (specify) ▼		731.50			
_	Full Name (Last, First, Middle Initial)					
C.	Mr. Roy W. Kern, LUTCF,CLTC			Date of Receipt		
	Mailing Address 3775 West Randall Road	d		07 10 Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1625218		
	Springfield	MO	65810	Amount of Each Receipt this Period		
	FEC ID number of contributing			60.00		
	federal political committee.	С		60.00		
	Name of Employer	Occupation	1	Payroll Deduction		
	Self-employed 5	Insurance	e Agent			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		420.00	1		
	Other (specify) ▼		420.00	1		
_						
				164.50		
Ls	UBTOTAL of Receipts This Page (optional)		·····	107.00		
1						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 115 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Statemen for commercial purposes, other than using the name a	nts may and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Finance	cial A	dvisors Political Action Com	nit-
<b>A.</b>	Fargo  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For:  Primary General Other (specify)	cupation urance	Zip Code 58103  n e Agent e Year-to-Date ▼	Date of Receipt  M M M / 10 2006  Transaction ID: R1624035  Amount of Each Receipt this Period  51.00  Payroll Deduction
3.	Norfolk  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Occurrence Insurance Insu	cupation urance	Zip Code 68701-3238 In e Agent e Agent e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>)</b> .	Providence RI FEC ID number of contributing federal political committee.  C  Name of Employer Self-employed  Occurrence Insu	cupation urance	Zip Code 02906-3069 n e Agent e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			143.40
T	OTAL This Period (last page this line number only)		<b>&gt;</b>	

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)				FOR LINE N	IUMBER:	PAGE 47/115
			Use separate schedule(s)	(check only		, , , , ,
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a	11b	11c  12
			Detailed Guillinary Fage	13	14	15   16   17
Ar	y information copied from such Reports and Stateme	nts may	not be sold or used by any perso	n for the purpo	se of solicit	ting contributions
or	for commercial purposes, other than using the name	and add	ress of any political committee to	solicit contribu	tions from	such committee.
\	NAME OF COMMITTEE (In Full)					
$\rangle$	National Association of Insurance and Finan	icial Ac	dvisors Political Action Comr	nit-		
_	tee			_		
	Full Name (Last, First, Middle Initial)					
۹.	Mr. James C. Koburger			Date of F		
	Mailing Address 3134 Brandywine Drive			0.7	07	2006
	Cit.	1-1-	7:- 01-			
	•	tate	Zip Code		ion ID: R1	
	<u>Tallahassee</u> F	L	32308	Amount	of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee					500.00
	federal political committee.					
	Name of Employer Occ	cupation	1	Credit Ca	ırd	
	Self-employed *		e Agent			
			Year-to-Date ▼			
	Primary General	99				
	Other (specify) ▼		500.00			
			0 0 0 0 0 0 0			
	Full Name (Last, First, Middle Initial)					
3.	Mr. Lance B. Kolbet, RHU,LUTCF			Date of F	Receipt	
	Mailing Address 4632 Mountain Park Rd.			M M	/ D D	/ <b>Y</b>
		0 7	10	2006		
	City	Zip Code	Transact	ion ID: R1	625037	
	<u>Pocatello</u> IE	)	83202	Amount	of Each Re	ceipt this Period
	FEC ID number of contributing			,	-	126.00
	federal political committee.					120.00
	Name of Freedom			Payroll D	eduction	
	Solf amployed	cupation				
			Agent	_		
	Receipt For: Ag Primary General	gregate	Year-to-Date ▼	.		
	Other (specify)		612.00			
	Other (Specify)	0 0				
	Full Name (Last, First, Middle Initial)					
Э.	Mr. David M. Koll, LUTCF, CLT			Date of F	Receipt	
	Mailing Address 1612 S. 152nd Street			M M	/ D D	/ <b>Y                                   </b>
				0 7	10	2006
	City	tate	Zip Code	Transact	ion ID: R1	624483
	<u>Omaha</u> N	<u>IE</u>	68144-5121	Amount	of Each Re	ceipt this Period
	FEC ID number of contributing	T '				105.00
	federal political committee.	;				105.00
				Payroll D	eduction	
	Salf-amployed	cupation		,		
	ins		Agent	_		
		gregate	Year-to-Date ▼	.		
	Primary General		645.00			
	Other (specify) ▼	1 1				
c	UBTOTAL of Receipts This Page (optional)			731.00		
	ODITIAL OF NECEIPES THIS FAGE (OPHOHA)		······	.		
T	OTAL This Period (last page this line number only)		<b>)</b>			
-	( )		***************************************			

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	Check only one)
ITEMIZED RECEIPTS	or each category of the	X 11a 11b 11c 12
	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and ad	ly not be sold or used by any persor ldress of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
National Association of Insurance and Financial A tee	Advisors Political Action Comm	nit-
Full Name (Last, First, Middle Initial)  Mr. Gerald E. Koll, CLU,ChFC,L		Date of Receipt
Mailing Address 4162 Southshore Blvd.		07 7 31 7 2006
City State Lake Oswego OR	Zip Code	Transaction ID: R1626258
Lake Oswego OR  FEC ID number of contributing federal political committee.	97035	Amount of Each Receipt this Period  250.00
Name of Employer Occupation Self-employed Insurance		- Check
Receipt For:  Primary  General  Other (specify)	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Mr. Richard A. Koob, CLU, ChFC,		Date of Receipt
Mailing Address 301 Frederick Street		07 10 7 2006
City State Waukesha WI	Zip Code	Transaction ID: R1624706
FFC ID as such as of a satisfaction	53186-8116	Amount of Each Receipt this Period
federal political committee.		50.40  Payroll Deduction
Name of Employer Occupation Self-employed Insurance	ce Agent	ayron Deduction
	e Year-to-Date ▼	
Primary General Other (specify) ▼	352.80	
Full Name (Last, First, Middle Initial)  Mr. David T. Koppa, CLU, LUTCF		Date of Receipt
Mailing Address 1105 Via Bolzano		07 10 2006
City State	Zip Code	Transaction ID: R1624459
Santa Barbara CA	93111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		42.50
	ce Agent	Payroll Deduction
	e Year-to-Date ▼	
Primary General Other (specify) ▼	297.50	
SUBTOTAL of Receipts This Page (optional)		342.90
TOTAL This Period (last page this line number only)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 115
ıт	EMIZED RECEIPTS	or each category of the	(check only one)
•••	LIVIIZED RECEII 13	Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	y information copied from such Reports and Statements	may not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name and	d address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	National Association of Insurance and Financia tee	al Advisors Political Action Comr	nit-
Α.	Full Name (Last, First, Middle Initial) Mr. Bryan M. Krupin		Date of Receipt
	Mailing Address 204 21st Place		M M / D D / Y Y Y Y
	014	7'- 0-4	07 11 2006
	City State Manhattan Beach CA	e Zip Code 90266	Transaction ID: R1625770
	FEO. ID worth and Constitution	90200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer	pation	Check
		ance Agent	
		egate Year-to-Date ▼	
	Primary General Other (specify)	500.00	
	Carlot (opecity) 🔻	0 0 0 0 0 0 0 0	1
В.	Full Name (Last, First, Middle Initial) Mr. Thomas R. Laster, RHU		Date of Receipt
	Mailing Address 1713 Elmhurst Ave		07 10 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	e Zip Code	Transaction ID: R1625340
	Nichols Hills OK	73120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		50.40
	Name of Employer Occup	pation	Payroll Deduction
	Self-employéd Insur	ance Agent	
		egate Year-to-Date ▼	
	Primary General Other (specify) ▼	352.80	
	Other (specify)	0 0 0 0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Mr. Daniel L. Lawrence		Date of Receipt
•	Mailing Address 5553 Peters Drive		M M / D D / Y Y Y Y
			07 10 2006
	City State		Transaction ID: R1623808
	West Bend WI	53095	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		51.00
			Payroll Deduction
		ance Agent	
		egate Year-to-Date ▼	
	Primary General Other (specify) ▼	357.00	
_			
	UBTOTAL of Receipts This Page (optional)		601.40
F	ODIVIAL OF NECERPLS THIS Fage (Optional)	······································	
Т	OTAL This Period (last page this line number only)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 115 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Ronald B. Lee, CLU ChFC Mailing Address Group Strategies, LLC	- Fl		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	292 Madison Avenue, 7th City	State	Zip Code	Transaction ID: R1625785
	New York	NY	10017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-employed	Occupation Insurance	e Agent	Check
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Lanny D. Levin, CLU, ChFC Moiling Address 212 Lawrel			Date of Receipt
	Mailing Address 313 Laurel			07 10 2006
	City Highland Park	State II	Zip Code 60035-2619	Transaction ID: R1625092  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00035-2019	42.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 294.00	
— Э.	Full Name (Last, First, Middle Initial) Mr. Bruce C. Lichtenberg, LUTCF			Date of Receipt
	Mailing Address 2265 Cypress Point			07 10 2006
	City Discovery Bay	State CA	Zip Code 94514	Transaction ID: R1625366  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	34014	42.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 294.00	
S	UBTOTAL of Receipts This Page (optional)			584.00
T	OTAL This Period (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 51 / 115	
•		Use separate schedule(s)		(check only one)	
ITEMIZED RECEIPTS		or each category of the  Detailed Summary Page		X 11a 11b 11c 12	
			Detailed Guillinary Fage	13 14 15 16 17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)				
$\rangle$	National Association of Insurance and tee	Financial Ad	dvisors Political Action Com	mit-	
Α.	Full Name (Last, First, Middle Initial) Mr. Richard H. Linsday			Date of Receipt	
	Mailing Address 11417 Sumac Lane			07 / 18 / Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: R1625854	
	Camarillo	CA	93012-8860	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-employed	Occupation		Check	
	Receipt For:		Year-to-Date ▼		
	Primary General	111		7	
	Other (specify) ▼	0 0	250.00		
_	Full Name (Lost First Middle Initial)				
В.	Full Name (Last, First, Middle Initial) Mr. Lawrence E. Lounds			Date of Receipt	
	Mailing Address 2477 Valley Oaks Circle	07 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: R1625430	
	Flint	MI	48532	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		105.00	
	Name of Employer	Occupation	า	Payroll Deduction	
	Self-employed	Insurance			
	Receipt For:	-	Year-to-Date ▼		
	Primary General		705.00	1	
	Other (specify) ▼		735.00		
<b>C</b> .	Full Name (Last, First, Middle Initial) Mrs. Patricia S. Lucas, CLU,CLTC,L			Date of Receipt	
	Mailing Address 8375 Starlight Lane			07 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: R1624235	
	Boones Mill	VA	24065-1909	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		42.00	
	Name of Employer Self-employed	Occupation		Payroll Deduction	
	Receipt For:		Year-to-Date ▼	7	
	Primary General			7	
	Other (specify) ▼		294.00		
_					
				207.00	
s	UBTOTAL of Receipts This Page (optional)			397.00	
				-	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUM	BER: PAGE 52/115	
	EMIZED RECEIPTS		or each category of the	(check only one)		
•••	LIMIZED RECEIF 13		Detailed Summary Page	ı <del></del>	1b 11c 12	
_				13 1	<del> </del>	
Ar or	y information copied from such Reports and States for commercial purposes, other than using the i	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of solicit contributions	t soliciting contributions from such committee.	
	NAME OF COMMITTEE (In Full)					
$ \rangle$	National Association of Insurance and lee	Financial A	dvisors Political Action Com	mit-		
<u>/</u>	Full Name (Last, First, Middle Initial)					
A.	Mr. William J. Lynch, LUTCF			Date of Recei	ipt	
	Mailing Address 5075 SW Griffith Dr. #2	200			D D / Y Y Y Y	
	011	01-1-	7'- 0-4-	07	10 2006	
	City	State	Zip Code		D: R1625157	
	Beaverton	OR	97005	Amount of Ea	ach Receipt this Period	
	FEC ID number of contributing federal political committee.	C			37.50	
	Name of Employer	Occupation	า	Payroll Dedu	ction	
	Self-employed	Insurance	e Agent			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		050.00	1		
	Other (specify)		250.00			
В.	Full Name (Last, First, Middle Initial) Mr. William E. Mahoney, Jr.			Date of Recei	int	
ъ.	Mailing Address 26 Windpath East					
	Walling Address 20 Williapath Last			0 7 /	21 2006	
	City	State	Zip Code	Transaction I	<b>D</b> : R1625966	
	West Springfield	MA	01089-1707	Amount of Each Receipt this Period		
	FEC ID number of contributing		1 1 1 1 1		250.00	
	federal political committee.	C			250.00	
	Name of Employer	Occupation	า	Check		
	Name of Employer Self-employed	Insurance				
	Receipt For:	-	Year-to-Date ▼			
	Primary General	00 0		1		
	Other (specify) ▼		350.00			
_	Full Name (Last, First, Middle Initial)			Data of Data		
C.	Mr. William E. Mahoney, Jr.  Mailing Address 26 Windpath Fast			Date of Recei	•	
	Mailing Address 26 Windpath East			0.7	28 2006	
	City	State	Zip Code	Transaction I	<b>D</b> : R1626200	
	West Springfield	MA	01089-1707		ach Receipt this Period	
	FEC ID number of contributing				100.00	
	federal political committee.  Name of Employer Colf applicated  Oc				100.00	
			า	Check		
			e Agent			
			Year-to-Date ▼			
	Primary General	39 -3		1		
Other (specify) ▼			350.00			
		•				
					207 50	
s	UBTOTAL of Receipts This Page (optional)	387.50				
$\vdash$			<u></u>	-		
т	OTAL This Period (last page this line number of	only)	<b>&gt;</b>			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 53 / 115
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	LIMIZED REOLII 13		Detailed Summary Page	X 11a 11b	11c   12
Δ.	visitarmetian conied from such Departs and C	tatamanta mai	, not be cold or used by any never	n for the purpose of coliciti	15 16 17
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from s	uch committee.
	NAME OF COMMITTEE (In Full)				
$\rangle$	National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-	
Α.	Full Name (Last, First, Middle Initial) Mr. Glenford B. Malcolm, Sr.			Date of Receipt	
	Mailing Address P. O. Box 822315			07 10	2006
	City	State	Zip Code	Transaction ID: R10	
	South Florida	FL	33082	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.				42.00
	Name of Employer Self-employed	Occupation		Payroll Deduction	
	Receipt For:		Year-to-Date ▼		
	Primary General		004.00	1	
	Other (specify)	0 0	294.00		
— В.	Full Name (Last, First, Middle Initial) Mr. Joseph J. Maltese, CFP			Date of Receipt	
	Mailing Address 4176 Arikakee Court			0 7 1 0	2006
	City	State	Zip Code	Transaction ID: R10	623974
	Jacksonville	FL	32223	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			42.00
	Name of Employer Self-employed	Occupation		Payroll Deduction	
	Receipt For:	Insurance	e Year-to-Date ▼	_	
	Primary General	Aggregate	FIGAL-10-Date V	1	
	Other (specify) ▼		294.00		
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. Leonard Martin, CSA			Date of Receipt	
	Mailing Address 98 Tennyson Rd			07 10	2006
	City	State	Zip Code	Transaction ID: R16	624409
	Warwick	RI	02888	Amount of Each Rec	eipt this Period
FEC ID number of contributing federal political committee.		C			50.40
	Name of Employer Occ Self-employed Inst		n e Agent	Payroll Deduction	
			Year-to-Date ▼		
	Primary General	050.00	1		
	Other (specify) ▼	352.80			
s	UBTOTAL of Receipts This Page (optional)				134.40
$\vdash$					
т	OTAL This Period (last page this line number	only)			

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 54 / 115
	· ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		name and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		Literan Dalbitan Anton Oraș	
$\angle$	National Association of Insurance and Fitee	-inanciai Ad	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Roosevelt Maske, LUTCF			Date of Receipt
	Mailing Address 5515 Fairvista Drive			07 10 2006
	City	State	Zip Code	Transaction ID: R1624500
	Charlotte	NC	28269-0633	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		33.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
		Insurance		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		291.50	
	Other (specify)			
В.	Full Name (Last, First, Middle Initial) Mr. Darren Scott Mason, CLU, ChFC			Date of Receipt
٥.	Mailing Address 178 Shorecliff Rd			M M / D D / Y Y Y Y
				07 10 2006
	City	State	Zip Code	Transaction ID: R1624907
	Corona Del Mar	CA	92625-2648	Amount of Each Receipt this Period
	FEC ID number of contributing	C		41.66
	federal political committee.			
	Name of Employer Self-employed	Occupation	1	Payroll Deduction
	Self-employed	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		291.62	1
	Other (specify) ▼	1 1	201.02	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Carl James Maus, LUTCF			Date of Receipt
<b>U</b> .	Mailing Address 432 Fort Saratoga			M M / D D / Y Y Y Y
	432 Tort Saratoga			07 10 2006
	City	State	Zip Code	Transaction ID: R1625399
	Saint Charles	MO	63303-1766	Amount of Each Receipt this Period
	FEC ID number of contributing	С		50.40
	federal political committee.	<u> </u>		Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		ayron beddonon
	Receipt For: Primary General		e Agent • Year-to-Date ▼	$\dashv$
			Tour to Date ¥	1
	Other (specify)		352.80	
				1
	-			
s	UBTOTAL of Receipts This Page (optional)			125.06
$\vdash$	,			

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 55 / 115
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Insurance and F	Financial Ad	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Ronald R. McCall, II			Date of Receipt
	Mailing Address 669 Lake Drive			07
	City	State	Zip Code	Transaction ID: R1626030
	Vero Beach	FL	32963-2166	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation		Credit Card
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Mr. James L. McConathy, Jr.			Date of Receipt
	Mailing Address 706 Trenton St., Apt. 6	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1623679
	West Monroe	LA	71291	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		42.00
	Name of Employer	Occupation	า	Payroll Deduction
	Name of Employer Self-employed	Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General		294.00	1
	Other (specify)		294.00	
_	Full Name (Last, First, Middle Initial)			Patro ( Provide
C.	Mr. Clyde P. McFadden, LUTCF  Mailing Address 95 White Bridge Rd Ste	116		Date of Receipt
	Walling Address 95 Willie Bridge Ad Ste	110		07 10 2006
	City	State	Zip Code	Transaction ID: R1623571
	Nashville	TN	37205-1427	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer	Occupation	า	Payroll Deduction
	Self-employed	Insurance	-	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		294.00	
	Cities (Specify)			1
Г	L			
s	UBTOTAL of Receipts This Page (optional)			334.00
$\vdash$	ago (optional)			-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 115 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Fittee	nancial A	dvisors Political Action Com	mit-
<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Juli Y. McNeely, LUTCF,CFP Mailing Address S764 Hanson Road  City Spencer  FEC ID number of contributing federal political committee.	State WI  C  Occupation Insurance Aggregate		Date of Receipt  M M M / D D M 2 0 0 6  Transaction ID: R1624301  Amount of Each Receipt this Period  30.00  Payroll Deduction
3.	Self-employed	State AZ  C Occupation Insurance		Date of Receipt  O 7 10 2006  Transaction ID: R1624632  Amount of Each Receipt this Period  66.00  Payroll Deduction
<b>)</b> .	Full Name (Last, First, Middle Initial) Mr. David A. Middaugh, CLU, AEP  Mailing Address 3273 Evergreen Road  City Fargo  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For: Primary General Other (specify)	State ND  C Occupation Insurance Aggregate		Date of Receipt  O 7 10 2006  Transaction ID: R1625397  Amount of Each Receipt this Period  126.00  Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)			222.00
T	OTAL This Period (last page this line number only	v)	<b>_</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 115 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	ny information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may ne and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Fintee	nancial Ad	dvisors Political Action Com	mit-
Α.	Self-employed I	State MI  C  Occupation Insurance Aggregate		Date of Receipt  O 7 10 2006  Transaction ID: R1624068  Amount of Each Receipt this Period  42.50  Payroll Deduction
	Primary General Other (specify) ▼	0 0	297.50	
3.	Full Name (Last, First, Middle Initial) Mr. Stanley R. Miller, LUTCF Mailing Address 1917 Parkside Dr.  City	State	Zip Code	Date of Receipt  0 7 1 0 2 0 0 6  Transaction ID: R1624004
	Anchorage FEC ID number of contributing federal political committee.	AK C	99501	Amount of Each Receipt this Period 41.00
	Self-employéd 1	Occupation Insurance Aggregate		Payroll Deduction
<b>D</b> .	Full Name (Last, First, Middle Initial) Mr. James E. Mitchell, LUTCF, CTP Mailing Address 2209 Ontario City	State	Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Bellingham  FEC ID number of contributing federal political committee.	WA C	98226	Transaction ID: R1623136  Amount of Each Receipt this Period  60.00
	Self-employed I	Occupation Insurance Aggregate		Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)			143.50
T	OTAL This Period (last page this line number only	·)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 115 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and F			
A. 3.	Full Name (Last, First, Middle Initial) Mr. Martin Montefel, CLU  Mailing Address 16932 SW 5th Way  City Weston  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Mr. James W. Monteverde	State FL  C  Occupation Insurance Aggregate		Date of Receipt  M M J D D J D J D J D J D J D J D D J D
J.	Mailing Address WaterWorks Road  City Sewickley  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For: Primary General Other (specify)	State PA  C  Occupation Insurance Aggregate		Transaction ID: R1625460  Amount of Each Receipt this Period  50.00  Payroll Deduction
<b>D.</b>	Full Name (Last, First, Middle Initial) Mr. Robert J. Morales, LUTCF, CLT Mailing Address 1125 Wyoming Avenue  City Reno  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For: Primary General Other (specify)	State NV  C  Occupation Insurance Aggregate		Date of Receipt    M M M
s	UBTOTAL of Receipts This Page (optional)		<b>_</b>	160.00
T	OTAL This Period (last page this line number or	ılv)	<b>.</b>	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 59 / 115 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and F tee	inancial Ad	dvisors Political Action Com	mit-
<u>′</u> ۵.	Full Name (Last, First, Middle Initial) Mr. Raymond H. Moran, CLU, ChFC			Date of Receipt
	Mailing Address 5463 Irvin Park Cove	Ctata	7:n Code	0 7 1 0 7 2 0 0 6
	City Memphis	State TN	Zip Code 38119	Transaction ID: R1625222  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	1 1 1 1 1 1	42.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.00	
3.	Full Name (Last, First, Middle Initial) Mr Joseph L Morton, III,JD			Date of Receipt
	Mailing Address 5487 N. Bach			07 10 2006
	City	State	Zip Code	Transaction ID: R1622105
	Meridian  FEC ID number of contributing federal political committee.	C	83642	Amount of Each Receipt this Period  126.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 252.00	
— Э.	Full Name (Last, First, Middle Initial) Mr. Robert M. Nelson, CLU, LUTCF			Date of Receipt
	Mailing Address 14712 Shirley Street			07 10 7 2006
	City Omaha	State NE	Zip Code 68144-2144	Transaction ID: R1625402  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00144 2144	50.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	
SI	UBTOTAL of Receipts This Page (optional)			218.00
T	OTAL This Period (last page this line number on	ly)	<b></b>	

S	SCHEDULE A (FEC Form 3X)		Llas asperata ashadula(a)	FOR LINE NUMBER: PAGE 60 / 115
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_			,	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or		name and add	aress of any political committee to	solicit contributions from such committee.
$  \setminus $	NAME OF COMMITTEE (In Full)			
$\angle$	National Association of Insurance and F tee	-inancial Ad	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. John F. Nichols, CLU, DIA			Date of Receipt
	Mailing Address 1331 W Norwood Avenu	ne		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1625824
	Chicago	IL	60660	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1	
	federal political committee.	C		350.00
	Name of Employer Self-employed	Occupation		Check
		Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
	Cuter (specify)		0 0 0 0 0 0 0	1
В.	Full Name (Last, First, Middle Initial) Ms. Shirley A. Nielsen, LUTCF, CLU			Date of Receipt
	Mailing Address 2817 Circle Drive			M M / D D / Y Y Y Y
				07 10 2006
	City	State	Zip Code	Transaction ID: R1625394
	Grand Island	NE	68801	Amount of Each Receipt this Period
	FEC ID number of contributing	С		50.00
	federal political committee.			
	Name of Employer Self-employed	Occupation	า	Payroll Deduction
	Seir-employed	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	350.00	1
	Other (specify)	0 0	000.00	1
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Frank R. Nolimal, CLU, ChFC,			Date of Receipt
٥.	Mailing Address 2017 Grafton Ave			M M / D D / Y Y Y Y
				07 10 2006
	City	State	Zip Code	Transaction ID: R1625314
	Henderson	NV	89014	Amount of Each Receipt this Period
	FEC ID number of contributing	С		60.00
	federal political committee.			Paymett Deduction
	Name of Employer Self-employed	Occupation		Payroll Deduction
		Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		420.00	
	☐ Ottlet (specily) ♥			1
	L			
s	UBTOTAL of Receipts This Page (optional)			460.00
$\vdash$	1 0 (1 27			-

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 61 / 115
ITEMIZED RECEIPTS			or each category of the	(check only one)
TI LIWIZED RECEIF 13			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Insurance and F tee	inancial Ad	dvisors Political Action Com	mit-
Α.	Full Name (Last, First, Middle Initial) Mr. Ray C. Nowicky, CLU			Date of Receipt
	Mailing Address 1718 Victoria Circle			07 03 7 2006
	City	State	Zip Code	Transaction ID: R1625575
	Vero Beach	FL	32967	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	Check
	Self-employed	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Brian E. O'Brien, CLU,ChFC,L			Date of Receipt
	Mailing Address 1651 Wolf Run Dr.			07 10 YYYY 2006
	City	State	Zip Code	Transaction ID: R1622673
	Richfield	WI	53076	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			51.00
				Payroll Deduction
	Name of Employer Self-employed	Occupation		Tayron Beddellon
		Insurance	<del>-</del>	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼ 357.00	1
	Other (specify)	0 0	0 0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Mr. James W. Oglesby, LUTCF			Date of Receipt
	Mailing Address P. O. Box 7156			07 10 2006
	City	State	Zip Code	Transaction ID: R1625233
	Asheville	NC	28802-7156	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		143.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
			Year-to-Date ▼	_
	Primary General			1
	Other (specify) ▼		1001.00	
Г				444.00
s	UBTOTAL of Receipts This Page (optional)		<u> </u>	444.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 / 115
ITEMIZED RECEIPTS			or each category of the	(check only one)
•	LIMIZED HEOLII 13		Detailed Summary Page	X   11a     11b     11c     12     13     14     15     16     17
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or	ly information copied from such Reports and State for commercial purposes, other than using the na	solicit contributions from such committee.		
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Insurance and Fire	nancial Ad	dvisors Political Action Com	nit-
۹.	Full Name (Last, First, Middle Initial) Ms. Rae Lee Olson			Date of Receipt
	Mailing Address 218 N El Monte Ave			07 10 2006
	City	State	Zip Code	Transaction ID: R1625374
	Los Altos	CA	94022-2354	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	1
	Primary General Other (specify) ▼	133 134	297.50	
 3.	Full Name (Last, First, Middle Initial) Mr. Mitchell W. Ostrove, CLU, ChFC			Date of Receipt
	Mailing Address 4 New King Street			07 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1624487
	White Plains	NY	10604-1202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Salf-amployed	Occupation Insurance		Payroll Deduction
	Receipt For:	Aggregate	Year-to-Date ▼	1
	Primary General Other (specify) ▼		294.00	
— Э.	Full Name (Last, First, Middle Initial) Mr. Gary M. Owens, LUTCF			Date of Receipt
	Mailing Address PO Box 835			07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1623089
	Sultan	WA	98294	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Self-employed	Occupation Insurance		Payroll Deduction
-			Year-to-Date ▼	1
	Primary General Other (specify) ▼		210.00	
s	UBTOTAL of Receipts This Page (optional)		·····	127.00
			<u> </u>	
T	OTAL This Period (last page this line number only	y)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 63 / 115
ıŦ	EMIZED RECEIPTS		or each category of the	(check only one)
11	EIVIIZED NECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	National Association of Insurance and F tee	mit-		
Full Name (Last, First, Middle Initial)  A. Mr. Roger L. Owens, LUTCF, RHU				Date of Receipt
	Mailing Address 51 Lance Ct			07 10 7 2006
	City	State	Zip Code	Transaction ID: R1623032
	Elkton	MD	21921-7219	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	0 0	246.50	
В.	Full Name (Last, First, Middle Initial) Mr. Aldous Kawailani Paalani	Date of Receipt		
	Mailing Address 2219 Kaululaau Street	07 10 7 2006		
	City	State	Zip Code	Transaction ID: R1624756
	Honolulu	HI	96813-1230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:		e Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼		350.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John Palladino, Jr., CLU, C			Date of Receipt
<b>J</b> .	Mailing Address 14670 Quito Rd			M M / D D / Y Y Y Y
	Maining Address 14670 Quillo Nu			07 10 2006
	City	State	Zip Code	Transaction ID: R1623232
	Saratoga	CA	95070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 210.00	
s	UBTOTAL of Receipts This Page (optional)			134.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 115 (check only one)    X
An or	ly information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Fintee	nancial Ad	dvisors Political Action Com	nit-
Α.	Full Name (Last, First, Middle Initial) Mr. Joseph S. Pantozzi, CLU, ChFC Mailing Address PO Box 95063  City Las Vegas FEC ID number of contributing federal political committee.  Name of Employer Self-employed	State NV C Occupation Insurance Aggregate		Date of Receipt    M M
3.	Full Name (Last, First, Middle Initial) Mr. Barton C. Pasco, CLU, ChFC, Mailing Address 309 Running Cedar Lane City	State	Zip Code	Date of Receipt  0 7 1 0 2 0 0 6  Transaction ID: R1625063
	Richmond  FEC ID number of contributing federal political committee.	C	23229	Amount of Each Receipt this Period  50.00
	Self-employed 1	Occupation Insurance Aggregate		Payroll Deduction
Э.	Full Name (Last, First, Middle Initial)  Mr. Barton C. Pasco, CLU, ChFC,  Mailing Address 309 Running Cedar Lane			Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1625761
	Richmond  FEC ID number of contributing federal political committee.	C	23229	Amount of Each Receipt this Period 50.00
	Self-employéd 1	Occupation Insurance Aggregate		Check
s	UBTOTAL of Receipts This Page (optional)			160.00
т.	OTAL This Period (last page this line number only	r)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 115 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Fitee	nancial Ac	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Ms. Debbie K. Paul, CLU, ChFC			Date of Receipt
	Mailing Address 4001 MacArthur Blvd Sui	te 300		07 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1624910
	Newport Beach	CA	92660-2510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.50
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	297.50	
_	Full Name (Last, First, Middle Initial)			Data of Descipt
э.	Mr. Gary H. Pendleton, CLU, ChFC  Mailing Address 2601 Oberlin Rd			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1624627
	Raleigh	NC	27608-1319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.83
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	320.81	
).	Full Name (Last, First, Middle Initial) Mr. Mike Peters, CLU,ChFC,L			Date of Receipt
Mailing Address 11702 Golden Valley Dr				07 20 7 2006
	City	State	Zip Code	Transaction ID: R1626010
	New Port Richey	FL	34654-5431	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00  Credit Card
Name of Employer Self-employed Insuranc			Gredit Gard	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
S	UBTOTAL of Receipts This Page (optional)			338.33
_	10- (-1)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 66 / 115	
ITEMIZED RECEIPTS		or each category of the		(check only one)	
TI LIMIZED TILOLII 13			Detailed Summary Page	X 11a   11b   11c   12	
				13 14 15 16 17	
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)				
$\rangle$	National Association of Insurance and I tee	Financial Ad	dvisors Political Action Com	mit-	
Α.	Full Name (Last, First, Middle Initial) Mr. Brian R. Phares, LIC			Date of Receipt	
	Mailing Address 1420 Hackberry Road			07 10 7 2006	
	City	State	Zip Code	Transaction ID: R1625391	
	North Platte	NE	69101-6841	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		47.50	
	Name of Employer	Occupation	1	Payroll Deduction	
	Self-employed	Insurance	e Agent		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		332.50	1	
	Other (specify) 🔻	0 0	332.30		
В.	Full Name (Last, First, Middle Initial) Mr. Harry Phillips, III			Date of Receipt	
	Mailing Address 71 Hawthorne Way			07 28 2006	
	City	Zip Code	Transaction ID: R1626202		
	Hartsdale	NY	10530-3020	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Self-employed	Occupation Insurance		Check	
	Receipt For:		Year-to-Date ▼		
	Primary General Other (specify) ▼	- Iggir gan	500.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. A. Duer Pierce, Jr.			Date of Receipt	
J.	Mailing Address 5818 Kennett Pike			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: R1623096	
	Wilmington	DE	19807-1116	Amount of Each Receipt this Period	
	<del>_</del>		10007 1110	25.00	
	federal political committee.	D number of contributing I political committee.			
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction	
			Year-to-Date ▼		
	Primary General		675.00	1	
	Other (specify) ▼		0/0.00	]	
S	JBTOTAL of Receipts This Page (optional)		<b>)</b>	572.50	

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 67 / 115
ITEMIZED RECEIPTS			or each category of the	(check only one)  X 11a  11b  11c  12
	<del>-</del>		Detailed Summary Page	13 14 15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	arric and add	iress or arry political committee to	Solicit Contributions from Such Committee.
$\rangle$	National Association of Insurance and F tee	inancial A	dvisors Political Action Com	nit-
	Full Name (Last, First, Middle Initial) Mr. R. Jan Pinney, CLU, ChFC,			Date of Receipt
	Mailing Address 5152 Ellington Court			07 10 7 2006
	City	State	Zip Code	Transaction ID: R1624494
	Granite Bay	CA	95746-7188	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		208.00
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For:	L	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1456.00	
	Full Name (Last, First, Middle Initial) Mr. Charles W. Potts, CLU, RHU,			Date of Receipt
	Mailing Address 12725 St. Andrews Ter	07 10 7 2006		
	City	State	Zip Code	Transaction ID: R1624971
	Oklahoma City	OK	73120-8807	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	_
	Primary General	riggregate		
	Other (specify)	0 0	210.00	
	Full Name (Last, First, Middle Initial) Mr. Robert W. Powell, CLU, LUTCF			Date of Receipt
	Mailing Address 3709 Barton Creek Blvd.			07 31 YYYY 2006
	City	State	Zip Code	Transaction ID: R1626263
	Austin	TX	78735	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		550.00
Salf-amployed '		Occupation Insurance		Check
	Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼	0 0	550.00	
SI	JBTOTAL of Receipts This Page (optional)			788.00
T/	OTAL This Pariod (lost ness this line surether an	d. A		
10	<b>DTAL</b> This Period (last page this line number on	п <b>у</b> )		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 68 / 115			
	EMIZED RECEIPTS		or each category of the	(check only one)		
•••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17		
Δr	w information copied from such Reports and St	atemente may	y not be sold or used by any pers			
or	ly information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
	National Association of Insurance and tee	Financial Ad	dvisors Political Action Com	mit-		
A.	Mailing Address 1121 Westrac Dr. Ste. 206			Date of Receipt		
				07 10 2006		
	City	State	Zip Code	Transaction ID: R1625286		
	<u>Fargo</u>	ND	58103-2385	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		51.00		
	Name of Employer Occupation Self-employed Insurance		n e Agent	Payroll Deduction		
	Receipt For:		Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼	0 0	228.00			
В.	Full Name (Last, First, Middle Initial) Mr. Edward F. Randolph			Date of Receipt		
	Mailing Address 1515 Mill Bay Road			07 10 2006		
	City	State	Zip Code	Transaction ID: R1622588		
	Kodiak	AK	99615-6233	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		42.00		
	Name of Employer	Occupation	า	Payroll Deduction		
	Name of Employer Self-employed	Insurance				
	Receipt For:	-	Year-to-Date ▼			
	Primary General		294.00	1		
	Other (specify)	0 0	234.00			
C.	Full Name (Last, First, Middle Initial) Mr. Kevin J. Reinke, LUTCF, CIC			Date of Receipt		
C.	Mailing Address 3418 43rd Street			M M / D D / Y Y Y Y		
				07 18 2006		
	City	State	Zip Code	Transaction ID: R1625874		
	<u>Metairie</u>	LA	70001	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer Self-employed	Occupation Insurance		Check		
			e Year-to-Date ▼	1		
	Primary General	-	050.00	1		
	Other (specify) ▼	0 0	350.00			
s	UBTOTAL of Receipts This Page (optional)			343.00		
F	,		<b>'</b>			
T	TOTAL This Period (last page this line number only)					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 69 / 115 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and I tee	inancial A	dvisors Political Action Com	mit-
۸.	Full Name (Last, First, Middle Initial) Mr. Robert W. Rensing, LUTCF			Date of Receipt
	Mailing Address 2515 S. 105th Ave	01-1-	7'- O-d-	07 10 2006
	City Omaha	State NE	Zip Code 68124-1825	Transaction ID: R1623160  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	001211020	42.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 294.00	
3.	Full Name (Last, First, Middle Initial) Mr. Mark J. Richards, CLU, ChFC			Date of Receipt
	Mailing Address 2700 E. Williamette	07 24 7 2006		
	City	State	Zip Code	Transaction ID: R1626067
	Littleton  FEC ID number of contributing federal political committee.	CO	80121	Amount of Each Receipt this Period  350.00
	Name of Employer Self-employed	Occupation Insurance		Check
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
).	Full Name (Last, First, Middle Initial) Mr. August P. Richter, IV,LUTCF,			Date of Receipt
	Mailing Address 401 Wild Oak Drive			07 10 7 2006
	City Manitowoc	State WI	Zip Code 54220-9054	Transaction ID: R1622741
	FEC ID number of contributing federal political committee.	C	34220-3034	Amount of Each Receipt this Period  50.40
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 352.80	
S	UBTOTAL of Receipts This Page (optional)			442.40
T	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 70 / 115	
TEMIZED RECEIPTS		or each category of the	(check only one)  X 11a 11b 11c 12	
		Detailed Summary Page	13 14 15 16 17	
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-	
Full Name (Last, First, Middle Initial)  A. Mr. Richard R. Rios, CLU, ChFC			Date of Receipt	
Mailing Address 8720 El Chapul Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: R1622557	
Fair Oaks	CA	95628-5454	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		50.00	
Name of Employer Self-employed	Occupatio		Payroll Deduction	
	Insuranc	e Agent e Year-to-Date ▼	_	
Receipt For: Primary General	Aggregate		1	
Other (specify)		350.00		
Full Name (Last, First, Middle Initial)  Mr. Robert M. Roach, CLU, ChFC	•		Date of Receipt	
Mailing Address 1287 Harrison Pond D	Mailing Address 1287 Harrison Pond Drive			
City	State	Zip Code	Transaction ID: R1624711	
New Albany	OH	43054	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		105.00	
Name of Employer Self-employed	Occupatio		Payroll Deduction	
Receipt For:	Insuranc Aggregate	e Agent e Year-to-Date ▼	+	
Primary General	7.39109410		1	
Other (specify) ▼		735.00		
Full Name (Last, First, Middle Initial)  Mr. David B. Romero, ChFC			Date of Receipt	
Mailing Address 6909 Oak Hill Cir.			M M M / D D / Y Y Y Y	
City	State	Zip Code	0 7 2 0 2 0 0 6  Transaction ID: R1626020	
<u>Shreveport</u>	LA	71106	Amount of Each Receipt this Period	
FEC ID number of contributing	С		250.00	
federal political committee.				
Name of Employer Self-employed	Occupatio		Credit Card	
Receipt For:	Insuranc	e Agent e Year-to-Date ▼	_	
Primary General	Aggregate		1	
Other (specify) ▼		250.00		
SUBTOTAL of Receipts This Page (optional)	1		405.00	
		<u> </u>		
TOTAL This Period (last page this line number	only)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 71 / 115
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12
Any information conicd from such Deports and S	tatamanta mar	y not be cold or used by any perso	13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the $$	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial)  Mr. Michael Rosenzweig, CLU, ChFC,  Mailing Address 13 Augusta Lane			Date of Receipt
	01-1-	7. 0.1.	07 24 2006
City Manhasset	State NY	Zip Code 11030-3909	Transaction ID: R1626050  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	250.00
Name of Employer Self-employed	Occupatio Insuranc		Check
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Mr. Harry S. Rosnick, LUTCF			Date of Receipt
Mailing Address 3435 Jefferson Davis F P.O. Box 360	07 10 7 2006		
City	State	Zip Code	Transaction ID: R1622525
Fredericksburg	VA	22404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00 Payroll Deduction
Name of Employer Self-employed	Occupatio Insuranc		1 ayron beddonon
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	225.00	
Full Name (Last, First, Middle Initial)  C. Mr. Franklin W. Roth, LUTCF			Date of Receipt
Mailing Address 608 Buckwood Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: R1625716
Orlando	FL	32806-7023	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00  Credit Card
Name of Employer Self-employed	Occupatio Insuranc		Stourt Guru
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional)			775.00
TOTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 72 / 115
	EMIZED RECEIPTS		or each category of the  Detailed Summary Page	(check only one)  X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial)				1
۹.	Mr. D. David Russell  Mailing Address 8461 Eagle Preserve Wa	nv		Date of Receipt
		. y		07 10 2006
	City Sarasota	State FL	Zip Code	Transaction ID: R1622663
	FEC ID number of contributing		34241-9449	Amount of Each Receipt this Period
	federal political committee.	C		50.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
	Primary General Other (specify) ▼	riggregate	350.00	
3.	Full Name (Last, First, Middle Initial) Mr. Daniel L. Rust, LUTCF			Date of Receipt
	Mailing Address 114 W. Arnold	07 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: R1624532
	Bozeman	MT	59715-6129	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	-
	Primary General	7.99.094.0		
	Other (specify) ▼	1 1	660.00	
·	Full Name (Last, First, Middle Initial) Mr. Daniel L. Rust, LUTCF			Date of Receipt
٠.	Mailing Address 114 W. Arnold			M M / D D / Y Y Y Y
	Cit.	Ctata	7in Oada	07 31 2006
	City Bozeman	State MT	Zip Code 59715-6129	Transaction ID: R1626262  Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	240.00
	federal political committee.	С		
	Name of Employer Self-employed	Occupation		Check
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
	Primary General	Aggregate		
	Other (specify)	0 0	660.00	
s	UBTOTAL of Receipts This Page (optional)			350.00
т	OTAL This Period (last page this line number on	lv)		
	The raise choc (last page this line hallber of	· <i>y</i> / ······	······································	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 73 / 115
IT	EMIZED RECEIPTS		or each category of the	(check only one)
11	EIVIIZED NECEIF I 3		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stater for commercial purposes, other than using the nan	ments may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		<u>-</u>	
$\rangle$	National Association of Insurance and Fintee	ancial A	dvisors Political Action Com	mit-
A.	Full Name (Last, First, Middle Initial) Mr. Melvin H. Saiki			Date of Receipt
	Mailing Address 95-745 Lauaki St.			07 06 2006
	City	State	Zip Code	Transaction ID: R1625678
	Mililani	HI	96789-2909	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Salt-amployed	Occupation Insurance		Credit Card
			Year-to-Date ▼	
	Primary General	Aggregate	Teal-10-Date V	,
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Daniel J. Scholz, CLU, ChFC			Date of Receipt
	Mailing Address 1510 So. 183 Circle			07 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1625246
	Omaha	NE	68130	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		62.50
	Self-employed 1	Occupation Insurance		Payroll Deduction
			Year-to-Date ▼	
	Primary General	199.19		1
	Other (specify) ▼	0 0	699.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Cynthia D. Schumacker, CLU,ChFC			Date of Receipt
	Mailing Address 911 Bates Rd.			M M / D D / Y Y Y Y Y O O O O O
	City	State	Zip Code	Transaction ID: R1625791
	Cleveland	OH	44116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer (Self-employed I	Check		
			Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			462.50

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 74/115
TEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Insurance and Fittee	nancial Ad	dvisors Political Action Com	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. Mark B. Schwendeman			Date of Receipt
•	Mailing Address 427 4th St			M M / D D / Y Y Y Y
	City	Ctoto	Zin Codo	07 10 2006
	City Marietta	State OH	Zip Code 45750-2004	Transaction ID: R1625439  Amount of Each Receipt this Period
	FEC ID number of contributing		40700 2004	30.00
	federal political committee.	C		
	Name of Employer Self-employed	Occupation		Payroll Deduction
		Insurance		4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		210.00	
 3.	Full Name (Last, First, Middle Initial) Mr. Walter J. Scott, CLU			Date of Receipt
-	Mailing Address 1022 WASHINGTON AVI	E.		M M / D D / Y Y Y Y
	City	Ctoto	Zip Code	07 10 2006
	OSHKOSH	State WI	54901-5354	Transaction ID: R1624658  Amount of Each Receipt this Period
	FEC ID number of contributing		04001 0004	
	federal political committee.	C		50.40
	Name of Employer	Occupation	1	Payroll Deduction
	Self-employed *	Insurance	•	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		352.80	
Э.	Full Name (Last, First, Middle Initial) Mr. James A. Shalek, Jr., CLU, Ch			Date of Receipt
	Mailing Address 1706 Candleberry Lane			07 10 7 2006
	City	State	Zip Code	Transaction ID: R1622669
	<u>Yorkville</u>	IL	60560-5810	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
				Payroll Deduction
	Name of Employer Self-employed	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	1
	Primary General		425.00	
	Other (specify)		725.00	
SI	JBTOTAL of Receipts This Page (optional)			105.40
_			·	
T	OTAL This Period (last page this line number only	y)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 75 / 115	
ITEMIZED RECEIPTS		or each category of the	(check only one)	
•			Detailed Summary Page	X   11a     11b     11c     12     13     14     15     16     17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)  National Association of Insurance and F	dvicere Political Action Com	mit	
	tee	Tillalicial A	uvisors Political Action Com	IIIIt-
`.	Full Name (Last, First, Middle Initial)			
Α.	Mr. Troy J. Shreve, CLU			Date of Receipt
	Mailing Address 7100 S 45th Street			07 10 2006
	City	State	Zip Code	Transaction ID: R1624844
	Lincoln	NE	68516-3016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer	Occupation	n	Payroll Deduction
	Self-employed	Insurance	e Agent	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	'''	294.00	
	Carior (oposity) 🔻	0 0	1 1 1 1 1 1 1	1
В.	Full Name (Last, First, Middle Initial) Mr. James John Silbernagel, LUTCF			Date of Receipt
	Mailing Address W 2329 Capital Drive			07 10 / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: R1623247
	Campbellsport	WI	53010-3010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Self-employed	Occupation	n	Payroll Deduction
		Insurance		
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		420.00	
_	Full Name (Last, First, Middle Initial) Mr. Ken Simons, CLU, ChFC.			Data of Bassint
U.	Mailing Address 808 Thoroughbred Lane	<u> </u>		Date of Receipt
		•		07 10 2006
	City	State	Zip Code	Transaction ID: R1624753
	Artesia	NM	88210-2232	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.10
				Payroll Deduction
	Name of Employer Self-employed	Occupation		Taylon Boddonon
	Receipt For:	Insurance	e Year-to-Date <b>V</b>	$\dashv$
	Primary General	1 99 19 111		1
	Other (specify) ▼		350.70	
,	UBTOTAL of Receipts This Page (optional)			152.10
$\vdash$	CETAL OF HOOGING THIS Fage (optional)			
т	OTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 76 / 115 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and F	inancial A	dvisors Political Action Com	mit-
_	Full Name (Last, First, Middle Initial) Mr. C. Gibbs Smith, Jr., CLU			Date of Receipt
	Mailing Address 2028 Priest Rd			0 7 1 3 2 0 0 6
	City	State	Zip Code	Transaction ID: R1625792
	Nashville	TN	37215-5116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-employed	Occupation Insurance		— Check
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Mr. Robert O. Smith, CLU, ChFC,			Date of Receipt
	Mailing Address 242 Greenbrier Dr SE	07 18 7 2006		
	City	State	Zip Code	Transaction ID: R1625853
	Grand Rapids	MI	49546-2232	Amount of Each Receipt this Period
				F00.00
	FEC ID number of contributing federal political committee.	C		500.00
		Occupation Insurance		Check
	federal political committee.  Name of Employer Self-employed  Receipt For:	Occupation Insurance		
	federal political committee.  Name of Employer Self-employed	Occupation Insurance	e Agent	
	Receipt For:  Primary  General	Occupation Insurance	e Agent Year-to-Date ▼	
	federal political committee.  Name of Employer Self-employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼  Full Name (Last, First, Middle Initial)	Occupation Insurance Aggregate	e Agent Year-to-Date ▼	Check
 C.	Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Russell A. Smith, CLU, ChFC, Mailing Address 22928 San Joaquin Driv  City	Occupation Insurance Aggregate e East State	e Agent Year-to-Date ▼  500.00  Zip Code	Date of Receipt    Date of Receipt
<b>.</b>	federal political committee.  Name of Employer Self-employed  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Russell A. Smith, CLU, ChFC, Mailing Address 22928 San Joaquin Driv  City Canyon Lake	Occupation Insurance Aggregate	e Agent Year-to-Date ▼ 500.00	Date of Receipt  0 7 1 0 2 0 0 6
<b>-</b> .	Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Russell A. Smith, CLU, ChFC, Mailing Address 22928 San Joaquin Driv  City	Occupation Insurance Aggregate e East State	e Agent Year-to-Date ▼  500.00  Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>-</b> .	federal political committee.  Name of Employer Self-employed  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Russell A. Smith, CLU, ChFC, Mailing Address 22928 San Joaquin Driv  City Canyon Lake  FEC ID number of contributing	e East State CA C Occupation	e Agent Year-to-Date ▼  500.00  Zip Code 92587	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	Full Name (Last, First, Middle Initial) Mr. Russell A. Smith, CLU, ChFC, Mailing Address 22928 San Joaquin Driv  City Canyon Lake  FEC ID number of contributing federal political committee.  Name of Employer	e East State CA C Occupation	e Agent Year-to-Date ▼  500.00  Zip Code 92587	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	federal political committee.  Name of Employer Self-employed  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Russell A. Smith, CLU, ChFC, Mailing Address 22928 San Joaquin Driv  City Canyon Lake  FEC ID number of contributing federal political committee.  Name of Employer Self-employed	e East State CA  Occupation Insurance	e Agent Year-to-Date ▼  500.00  Zip Code 92587	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D.</b>	federal political committee.  Name of Employer Self-employed  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Russell A. Smith, CLU, ChFC, Mailing Address 22928 San Joaquin Driv  City Canyon Lake  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For: Primary General	e East State CA C Occupation Insurance	Zip Code 92587  Agent Year-to-Date  In the Agent Year-to-Date  1456.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE A (FEC Form 3)	X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 77 / 115
ITEMIZED RECEIPTS		or each category of the  Detailed Summary Page	(check only one)    X   11a
		, ,	13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Insurance tee	and Financial Ad	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial)			
Mr. David E. Smithkey, CLU, RFC  Mailing Address 9451 Heddy Drive			Date of Receipt
	<u> </u>		07 10 2006
City <u>Flushing</u>	State MI	Zip Code 48433	Transaction ID: R1624576  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		105.00
Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 735.00	
Full Name (Last, First, Middle Initial)  Mr. Mark V. Snider, ChFC	I		Date of Receipt
Mailing Address 44 Elmwood Place	07 10 2006		
City	State	Zip Code	Transaction ID: R1625093
Athens	OH	45701-1904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer Self-employed	Occupation Insurance		Payroll Deduction
Receipt For:		e Year-to-Date V	
Primary General Other (specify) ▼	1 1	294.00	
Full Name (Last, First, Middle Initial)  Ms. Sharon L. Sparling, CIC			Date of Receipt
Mailing Address 1100 E. College W	ay		0 7 1 0 2 0 0 6
City	State	Zip Code	Transaction ID: R1623296
Mount Vernon	WA	98273	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00 Payroll Deduction
Name of Employer Self-employed	Occupation Insurance		1 ayron beduction
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		268.00	
SUBTOTAL of Receipts This Page (option	al)	)	189.00
TOTAL This Period (last page this line nun	nber only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 115 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Statemen for commercial purposes, other than using the name a	nts may and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Finance	cial A	dvisors Political Action Com	nit-
<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Noel Courtney Spencer Mailing Address 3 Valerie Drive  City St. Chester N  FEC ID number of contributing federal political committee.  Cultivation of Contributing federal political committee.  Cultivation of Cultivati	cupation urance	Zip Code 10918-1428 n e Agent e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Rocky Mount  FEC ID number of contributing federal political committee.  C  Name of Employer Self-employed  Occ Inst	cupation urance	Zip Code 27804	Date of Receipt    M M
<b>D.</b>	Southfield M FEC ID number of contributing federal political committee.  Name of Employer Self-employed Occ Inst	tate  II  cupation urance	Zip Code 48034-5543	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		······	200.70
T	OTAL This Period (last page this line number only)		<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 115 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Statem for commercial purposes, other than using the nam	nents may e and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Finatee	ancial Ad	dvisors Political Action Com	nit-
<b>A.</b>	Name of Employer Self-employed Ir	State IN C Occupation nsurance Aggregate		Date of Receipt  M M M / 10 / 2006  Transaction ID: R1625435  Amount of Each Receipt this Period  50.00  Payroll Deduction
3.	FEC ID number of contributing federal political committee.  Name of Employer Self-employed Ir	State MT C Decupation resurance Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>)</b>	FEC ID number of contributing federal political committee.  Name of Employer Self-employed Ir	State NV C Occupation nsurance Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			206.00
T	OTAL This Period (last page this line number only)		<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 80 / 115 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  National Association of Insurance and I tee	inancial A	dvisors Political Action Com	mit-
<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. David L. Stratton, CLU, ChFC, Mailing Address 13115 Beach Cir.  City Anchorage  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For: Primary General Other (specify)	State AK  C Occupation Insurance Aggregate		Date of Receipt    M M
3.	Full Name (Last, First, Middle Initial) Mr. Steven M. Stratton, LUTCF,CSA Mailing Address 17131 Parkview Dr  City Morgan Hill FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For: Primary General Other (specify)	State CA C Occupation Insurance Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>-</b>	Full Name (Last, First, Middle Initial) Mr. Robert A. Styrkowicz, CLU, LUTCF Mailing Address 25 Monterey Drive  City Vernon Hills  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For: Primary General Other (specify)	State IL C Occupation Insurance Aggregate		Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		······	259.00
т	OTAL This Period (last page this line number o	nlv)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NU	
ITEMIZED RECEIPTS		or each category of the	(check only on	·	
••	LIMIZED HEOLII 10		Detailed Summary Page	X 11a	11b 11c 12
۸۰	winformation against from such Departs and State	amonto mov	r not be cold or used by any parce	n for the purpose	14 15 16 17
or	y information copied from such Reports and State for commercial purposes, other than using the na	me and add	rnot be sold of used by any perso Iress of any political committee to	solicit contribution	ons from such committee.
	NAME OF COMMITTEE (In Full)				
$\rangle$	National Association of Insurance and Fitee	nit-			
Α.	Full Name (Last, First, Middle Initial) Mr. Stephen G. Summerlin, CFP			Date of Re	eceipt
	Mailing Address 4014 N. W. 15th Street			0 7	10 / 2006
	City	State	Zip Code	Transactio	n ID: R1625082
	Gainesville	FL	32605-1912	Amount of	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			42.00
	Name of Employer Self-employed	Occupation Insurance		Payroll De	duction
	Receipt For:		Year-to-Date ▼	_	
	Primary General	00 0		1	
	Other (specify) ▼		294.00		
В.	Full Name (Last, First, Middle Initial) Mr. Dennis P. Sunderman, CSA			Date of Re	ceint
٥.	Mailing Address 2325 Jeans Ct			M M /	·
	Zozo ocano ot			0 7	10 2006
	City	State	Zip Code	Transactio	n ID: R1622896
	Signal Hill	CA	90755	Amount of	Each Receipt this Period
	FEC ID number of contributing	С			105.00
	federal political committee.				
	Name of Employer Self-employed	Occupation	1	Payroll De	duction
	Self-employed *	Insurance			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		420.00		
	Other (specify) ▼	0 0	420.00		
c.	Full Name (Last, First, Middle Initial) Mr. Joseph A. Sztapka			Date of Re	eceipt
	Mailing Address 3705 S. Judy Ave			0 7 /	10 / 2006
	City	State	Zip Code	Transactio	n ID: R1622858
	Sioux Falls	SD	57103-7248	Amount of	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1		50.00
	Name of Employer Self-employed	Occupation Insurance		Payroll De	duction
			Year-to-Date ▼	1	
	Primary General	11 1	040.50	1	
	Other (specify) ▼		212.50		
Г					197.00
S	UBTOTAL of Receipts This Page (optional)		<u> </u>		137.00
<sub>T</sub>	OTAL This Period (last page this line number onl	y)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 82 / 115
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and S or for commercial purposes, other than using the	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)			
National Association of Insurance and tee	Financial A	dvisors Political Action Com	mit-
Full Name (Last, First, Middle Initial)			Data of Bassint
Mr. Jeffrey J. Taggart  Mailing Address 1107 Cedar Ln.			Date of Receipt
P.O. Box 2433			07 10 2006
City Cody	State WY	Zip Code 82414-2433	Transaction ID: R1625115
FEC ID number of contributing		02414-2433	Amount of Each Receipt this Period
federal political committee.	C		50.00
Name of Employer	Occupation	n	Payroll Deduction
Self-employed	Insuranc	e Agent	
Receipt For:	Aggregate	e Year-to-Date ▼	.
Primary General Other (specify) ▼		375.00	
		0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial)  3. Mr. Matthew S. Tassey			Date of Receipt
Mailing Address 5 Reggio Ave.			07 10 2006
City	State	Zip Code	Transaction ID: R1625483
Old Orchard Beach	ME	04064-2709	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		72.00
Name of Employer	Occupation	n	Payroll Deduction
Self-employed 1	Insuranc		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		504.00	
		0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial)  Mr. Michael G. Taylor, CLU, ChFC			Date of Receipt
Mailing Address 543 Auwina Street			M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O
City	State	Zip Code	Transaction ID: R1625593
<u>Kailua</u>	HI	96734-3426	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
			Check
Name of Employer Self-employed	Occupation Insurance		
Receipt For:		e Year-to-Date ▼	
Primary General		225.00	1
Other (specify) ▼		220.00	1
SUBTOTAL of Receipts This Page (optional)			222.00
CODITION TO THE CONTROL OF THE PAGE (OPTION OF THE			
TOTAL This Period (last page this line number	only)	<b>)</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 83 / 115
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An	y information copied from such Reports and State	n for the purpose of soliciting contributions		
or	for commercial purposes, other than using the na	iress of any political committee to	solicit contributions from such committee.	
/	NAME OF COMMITTEE (In Full)		didama Dalliday I Avilla C	
/	National Association of Insurance and Fittee	nancial Ad	avisors Political Action Comi	nit-
۹.	Full Name (Last, First, Middle Initial) Mr. Roland L. Terrell			Date of Receipt
	Mailing Address 804 E 2nd			M M / D D / Y Y Y Y
	City	State	Zip Code	07 20 2006
	City	LA	70647-4044	Transaction ID: R1626018  Amount of Each Receipt this Period
	FEC ID number of contributing		70047 4044	
	federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation	1	Credit Card
	Self-employed	Insurance	e Agent	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	_ · · ·	250.00	
	Other (specify)		0 0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Mr. Mark R. Tiralosi, LUTCF			Date of Receipt
	Mailing Address 844 Ashbrooke Court			M M / D D / Y Y Y Y
				07 03 2006
	City	State	Zip Code	Transaction ID: R1625622
	Lake Mary	FL	32746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	<u> </u>			Check
	Name of Employer Self-employed	Occupation		
	Receipt For:	Insurance	e Agent • Year-to-Date ▼	-
	Primary General	Aggregate	Total to Date V	
	Other (specify) ▼	l	250.00	
<b>.</b>	Full Name (Last, First, Middle Initial) Mr. Brad Tison, CLU, ChFC,			Date of Receipt
	Mailing Address 3216 Southern Woods Di	rive		M M / D D / Y Y Y Y
				07 10 2006
	City	State	Zip Code	Transaction ID: R1622560
	Des Moines	IA	50321	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.40
	Name of Employer	Occupation		Payroll Deduction
Self-employed		Occupation Insurance		
	Receipt For:		Year-to-Date ▼	-
	Primary General	55 9		
	Other (specify)		352.80	
S	JBTOTAL of Receipts This Page (optional)		·····	550.40
T	OTAL This Period (last nage this line number on	v)	•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 115 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Fitee	nancial A	dvisors Political Action Com	mit-
<b>A</b> .	Full Name (Last, First, Middle Initial) Mr. Raymond J. Triplett  Mailing Address 16171 Hillvale Ave  City Monte Sereno  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For: Primary General Other (specify)	State CA C Occupation Insurance Aggregate		Date of Receipt  M M M / 27 / 2006  Transaction ID: R1626175  Amount of Each Receipt this Period  100.00  Check
3.	Full Name (Last, First, Middle Initial) Mrs. Lynda D. Turner, LUTCF Mailing Address 1070 South Bosque Loop	0 0		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City  Bosque Farms  FEC ID number of contributing federal political committee.	State NM	Zip Code 87068-9063	Transaction ID: R1625179  Amount of Each Receipt this Period  36.00  Payroll Deduction
	Name of Employer Self-employed  Receipt For:  Primary General Other (specify) ▼	Occupation Insurance Aggregate		
<b>-</b>	Full Name (Last, First, Middle Initial) Ms. Charmaine Uhrig, LUTCF Mailing Address RR 1 Box 273A  City	State	Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	Minatare  FEC ID number of contributing federal political committee.	NE C	69356	Amount of Each Receipt this Period  42.50
	Name of Employer Self-employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Insurance Aggregate		Payroll Deduction
s	UBTOTAL of Receipts This Page (optional)			178.50
T	OTAL This Period (last page this line number onl	v)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 85 / 115					
	EMIZED RECEIPTS		or each category of the	(check only one)					
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17					
An	y information copied from such Reports and State	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions					
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.					
$\backslash$	NAME OF COMMITTEE (In Full)								
/	National Association of Insurance and Fir tee	nanciai A	dvisors Political Action Com	nit-					
۹.	Full Name (Last, First, Middle Initial) Mr. William M. Upson, ChFC, CLU			Date of Receipt					
	Mailing Address 510 Bridle Ct			M M / D D / Y Y Y Y					
	City	State	Zip Code	07 25 2006  Transaction ID: R1626138					
	Walnut Creek	CA	94596-6548	Amount of Each Receipt this Period					
	FEC ID number of contributing		1 1 1 1 1 1						
	federal political committee.	C		250.50					
	Name of Employer Self-employed	Occupation	<u> </u>	Credit Card					
		Insurance							
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		250.50						
		0 0							
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Howard Raymond Utz, LUTCF			Date of Receipt					
<b>J</b> .	Mailing Address PO Box 480			M M / D D / Y Y Y Y					
				07 10 2006					
	City	State	Zip Code	Transaction ID: R1625055					
	Mars	PA	16046	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		42.50					
	Name of Employer	Occupation	2	Payroll Deduction					
	Self-employed	Insurance							
	Receipt For:		Year-to-Date ▼						
	Primary General	' '	297.50						
	Other (specify)		207.00						
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Michael P. Victorino			Date of Receipt					
٠.	Mailing Address 840 Alua St., #103			M M / D D / Y Y Y Y					
				07 06 2006					
	City Wailuku	State HI	Zip Code 96793	Transaction ID: R1625672					
	FEC ID number of contributing		30733	Amount of Each Receipt this Period					
	federal political committee.	C		125.00					
Name of Employer Occupa		Occupation	<u> </u>	Credit Card					
	Self-employed	Insurance							
			Year-to-Date ▼						
	Primary General Other (specify) ▼	' '	212.50						
		0 0							
_				418.00					
S	UBTOTAL of Receipts This Page (optional)		······	710.00					
т	OTAL This Period (last page this line number only	v)							

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 86 / 115					
ITEMIZED RECEIPTS	or each category of the	(check only one)  X 11a  11b  11c  12					
	Detailed Summary Page	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
Any information copied from such Reports and Statement or for commercial purposes, other than using the name ar	s may not be sold or used by any person ad address of any political committee to s	for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)							
National Association of Insurance and Financ tee	ial Advisors Political Action Comm	it-					
Full Name (Last, First, Middle Initial)  Mr. Michael P. Victorino		Date of Receipt					
Mailing Address 840 Alua St., #103		07 10 2006					
City Sta Wailuku HI	'	Transaction ID: R1625363					
FEC ID number of contributing federal political committee.	96793	Amount of Each Receipt this Period  12.50					
Self-employed	ipation rance Agent	Payroll Deduction					
	regate Year-to-Date ▼ 212.50						
Full Name (Last, First, Middle Initial)  Mr. Richard D. Vonderlage, CSA, LUTCF		Date of Receipt					
Mailing Address 15202 Sprague St		07 10 Y Y Y Y Y Y Y					
City Sta	'	Transaction ID: R1624881					
Omaha NE	68116	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.		42.00 Payroll Deduction					
Self-employed 1	upation rance Agent	Fayron Deduction					
	regate Year-to-Date ▼						
Primary General Other (specify) ▼	294.00						
Full Name (Last, First, Middle Initial) Mr. Charles A. Webb		Date of Receipt					
Mailing Address 2516 Longview Ave.		07 10 2006					
City Sta	'	Transaction ID: R1622446					
Roanoke VA	24014	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.		42.50					
Self-employed Insu	ipation rance Agent	Payroll Deduction					
Receipt For:  Primary General  Other (specify) ▼	regate Year-to-Date ▼ 297.50						
SUBTOTAL of Receipts This Page (optional)	·····	97.00					
TOTAL This Period (last page this line number only)	<b>&gt;</b>						

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 87 / 115
TEMIZED RECEIPTS			or each category of the	(check only one)
• •	LIMIZED REOLII 13		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
۸۰	v information applied from auch Deports and Sta	tomonto mo	ret be edd or used by any perse	
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	National Association of Insurance and F	inancial A	dvisors Political Action Com	nit-
Δ	Full Name (Last, First, Middle Initial) Mr. Mark A. Weber, CLU, ChFC,			Date of Receipt
٠.	Mailing Address 512 S. 158 Avenue Circl			M M / D D / Y Y Y Y
		<u> </u>		07 10 2006
	City	State	Zip Code	Transaction ID: R1625763
	<u>Omaha</u>	NE	68118-4110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	n	Check
	Self-employed	Insurance		
	Receipt For:		e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial)			+
3.	Mr. S. Mark Weeks, LUTCF, CLU			Date of Receipt
	Mailing Address 1389 South 500 East			M M / D D / Y Y Y Y
				07 10 2006
	City	State	Zip Code	Transaction ID: R1625241
	Salt Lake City	UT	84105-2043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
				Payroll Deduction
	Name of Employer Self-employed	Occupation		Fayron Deduction
		Insurance		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	387.50	
			0 0 0 0 0 0 0	'
<b>)</b> .	Full Name (Last, First, Middle Initial) Mr. Matthew C. Weider, CLU,ChFC			Date of Receipt
	Mailing Address 6855 Compton Heights	Circle		M M / D D / Y Y Y Y
				07 10 2006
	City	State	Zip Code	Transaction ID: R1622326
	Clifton	VA	20124	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.40
				Payroll Deduction
	Name of Employer Self-employed	Occupation		T dyron Boddonon
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	$\dashv$
	Primary General	Aggregate	, rour to bate ¥	
	Other (specify)		352.80	
				600.40
S	UBTOTAL of Receipts This Page (optional)		·····	000.40
T	OTAL This Period (last page this line number or	nly)	<b>)</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 115 (check only one)    X					
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.					
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and F tee	inancial A	dvisors Political Action Com	mit-					
Α.	Full Name (Last, First, Middle Initial) Mr. Daniel J. Wells, LUTCF Mailing Address 18830 Los Hermanos Ra	anch Rd		Date of Receipt					
	City	State	Zip Code	0 7 1 0 2 0 0 6  Transaction ID: R1623054					
	Valley Center	CA	92082-6808	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		45.00					
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction					
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 402.50						
3.	Full Name (Last, First, Middle Initial) Mr. Marlin D. Wells, CLU, ChFC, Mailing Address 2001 N. Washington			Date of Receipt					
	Mailing Address 2201 N. Washington	07 10 2006							
	City	State	Zip Code	Transaction ID: R1622846					
	Roswell  FEC ID number of contributing federal political committee.	C	88201-3377	Amount of Each Receipt this Period  30.00					
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction					
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 210.00						
	Full Name (Last, First, Middle Initial) Mr. Lester E. Westgard, CLU			Date of Receipt					
	Mailing Address 2714 26th Ave SW			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: R1622662					
	<u>Fargo</u>	ND	58103-5006	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Occupati Insuran				60.00					
				Payroll Deduction					
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 360.00						
S	UBTOTAL of Receipts This Page (optional)			135.00					
т	OTAL This Period (last page this line number on	lv)							

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 89 / 115						
ITEMIZED RECEIPTS			or each category of the	(check only one)						
TEMPED REGENT TO			Detailed Summary Page	X   11a   11b   11c   12   15   16   17						
Δ	ay information copied from such Reports and State	temente may	y not be sold or used by any pers							
or	ny information copied from such Reports and State for commercial purposes, other than using the na	ame and add	dress of any political committee to	o solicit contributions from such committee.						
$\setminus$	NAME OF COMMITTEE (In Full)									
	National Association of Insurance and F tee	inancial Ad	dvisors Political Action Com	mit-						
A.	Full Name (Last, First, Middle Initial) Mr. William T. Whitmore, Jr.,LUTCF			Date of Receipt						
	Mailing Address P. O. Box 4748			07 10 2006						
	City	State	Zip Code	Transaction ID: R1624619						
	Virginia Beach	VA	23454-0748	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		42.50						
	Name of Employer Self-employed	Occupation Insurance		Payroll Deduction						
	Receipt For:		Year-to-Date ▼							
	Primary General			7						
	Other (specify) ▼		342.50							
_	Full Name (Last, First, Middle Initial)									
В.				Date of Receipt						
	Mailing Address 318 Stamford Bridge Rd	07								
	City	State	Zip Code	Transaction ID: R1623224						
	Columbia	SC	29212	Amount of Each Receipt this Period						
			EUL II							
	FEC ID number of contributing federal political committee.			42.00						
	Name of Employer	Occupation	2	Payroll Deduction						
	Name of Employer Self-employed	Insurance								
	Receipt For:		Year-to-Date ▼							
	Primary General		204.00	1						
	Other (specify) ▼		294.00							
_	Full Name (Last, First, Middle Initial)									
C.	Mr. Leroy L. Wilbers, Jr.			Date of Receipt						
	Mailing Address 309 Deerfield PI			07 10 2006						
	City	State	Zip Code	Transaction ID: R1623204						
	Jefferson City	MO	65109	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		126.00						
Name of Employer Self-employed  Receipt For: Primary  General  Occupation Insurance Aggregate				Payroll Deduction						
			Year-to-Date ▼	1						
			000.00	1						
	Other (specify) ▼		882.00	1						
Г										
s	UBTOTAL of Receipts This Page (optional)			210.50						
ΙT	OTAL This Period (last page this line number or	lv)								

S	CHEDULE A (FEC Form 3X)		Llea canarata cohadula(c)	FOR LINE NUMBER: PAGE 90 / 115
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12
Δn	y information copied from such Reports and Sta	otemente may	, not be sold or used by any perso	13 14 15 16 17
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full)  National Association of Insurance and F tee	Financial A	dvisors Political Action Com	mit-
۹.	Full Name (Last, First, Middle Initial) Mr. Boyd Lee Williams			Date of Receipt
	Mailing Address 7023 W. Williamette Av	e		07 10 7 2006
	City Kennewick	State WA	Zip Code 99336-1280	Transaction ID: R1622977
	FEC ID number of contributing federal political committee.	C	99330-1200	Amount of Each Receipt this Period
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:  Primary General  Other (specify) ▼	-	e Agent e Year-to-Date ▼ 735.00	
3.	Full Name (Last, First, Middle Initial) Mr. Cliff F. Wilson, CLU, ChFC,			Date of Receipt
	Mailing Address 1458 W. Bahia Court			07
	City	State	Zip Code	Transaction ID: R1622534
	Gilbert  FEC ID number of contributing federal political committee.	C	85233	Amount of Each Receipt this Period  126.00
	Name of Employer Self-employed	Occupation		Payroll Deduction
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 882.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Mr. Larry J. Winkelhake, CLU, ChFC			Date of Receipt
	Mailing Address 18600 Longview Ct			07 10 7 2006
	City	State	Zip Code	Transaction ID: R1624641
	Brookfield FEC ID number of contributing	WI	53045	Amount of Each Receipt this Period
	federal political committee.	C		90.00 Payroll Deduction
	Name of Employer Self-employed	Occupation	e Agent	- ayron beduction
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 630.00	
S	UBTOTAL of Receipts This Page (optional)			321.00
т	OTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 115 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Statemer for commercial purposes, other than using the name a	ents may and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Finantee	ncial Ad	dvisors Political Action Com	nit-
A.	Full Name (Last, First, Middle Initial) Mr. Benjamin Bunn Woodard, Jr.  Mailing Address 109 Bristol Court  City Si Rocky Mount N  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Occ Ins	cupation surance	Zip Code 27803-1203  De Agent  Year-to-Date ▼  209.00	Date of Receipt    M M
3.	Mailing Address 104 Clay Ct.  City Si Landenberg P  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Occ Ins	cupation surance	Zip Code 19350  De Agent Year-to-Date ▼	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	Rancho Palos Verde  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Oct Ins	cupation surance	Zip Code 90275-3258  De Agent Year-to-Date ▼ 294.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			193.75
T	OTAL This Period (last page this line number only)		<b>)</b>	

Primary

Other (specify)

General

### S

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 115 (check only one)  X 11a 11b 11c 12					
			, ,	13 14 15 16 17					
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any person dress of any political committee to s	for the purpose of soliciting contributions colicit contributions from such committee.					
$\setminus$	NAME OF COMMITTEE (In Full)								
$\rangle$	National Association of Insurance and tee	Financial Ad	dvisors Political Action Comm	iit-					
	Full Name (Last, First, Middle Initial)								
Α.	Mr. Alan R. Zalewski, CLU, ChFC,			Date of Receipt					
	Mailing Address 6908 North 27th Street			07 10 2006					
	City	State	Zip Code	Transaction ID: R1623291					
	Tacoma	WA	98407-1002	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		50.00					
	Name of Employer	Occupation	n	Payroll Deduction					
	Self-employed	Insurance	e Agent						
	Receipt For:	Aggregate	e Year-to-Date ▼	1					
	Primary General								
	Other (specify)		350.00						
— В.	Full Name (Last, First, Middle Initial) Mr. Theodore J. Zouzounis, CLU			Date of Receipt					
٠.	Mailing Address 820 Mariposa Rd			M M / D D / Y Y Y Y					
	Walling Address 620 Wallposa Hu			07 10 2006					
	City	State	Zip Code	Transaction ID: R1624618					
	Lafayette	CA	94549	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		42.50					
	Name of Employer	Occupation	n	Payroll Deduction					
	Self-employed 1	Insurance	e Agent						
	Receipt For:	Aggregate	e Year-to-Date ▼	1					

297.50

		92.50
SUBTOTAL of Receipts This Page (optional)	•	92.30
TOTAL This Period (last page this line number only)	<b></b>	30503.06

91	CHEDULE B (FEC Form 3X)			- 1 -									
	•		erate schedule(s)		OR LINI heck on	E NUMBER:			PA	GE	93 /	115	
IT	EMIZED DISBURSEMENTS		category of the		-	п <b>у</b> опо) П 22 Г	7 23	г	T 24		25		<b>1</b> 26
		Detailed	Summary Page	−ll^	27	H 28a H	28b	H	28c		29	-	30b
An	y Information copied from such Reports and Statem	nents may no	ot be sold or used	by any	person	for the purp	ose of s	olic	ating c	ontri	bution	s	
	for commercial purposes, other than using the name												
$\setminus$	NAME OF COMMITTEE (In Full)												
	National Association of Insurance and Finatee	ancial Advi	isors Political /	Action	Comm	nit-							
_	Full Name (Last, First, Middle Initial)					Transac	tion ID	: D	8861				
Α.	First Union Bank					Date of	Disburs	em	ent				
	Mailing Address One First Union Center					0 7 M	/ D3	3 0	/ Y	ž	οŏ	S <sup>Y</sup>	
	City	State	Zip Code			Amount	of Each	n Di	isburse	men	t this I	Perio	od
	Charlotte	NC	28288-1164				-			-	-	_	
	Purpose of Disbursement Bank Charges					L.					640.	95	
	Candidate Name			Cated Typ									
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼										
_	Full Name (Last, First, Middle Initial)					_		_	0000				
В.	NAIFA					Transac Date of							
						M M		3 0		Y	Y	Υ	
	Mailing Address 2901 Telestar Court					0 7	3	3 0	J L	2	οŏε	5	
		State	Zip Code			Amount	of Each	ı Di	isburse	men	t this I	Perio	od
	Falls Church	VA	22042-1205							E	010	27	
	Purpose of Disbursement				-				-	Ş	912.	21	
	Payroll, Benefits, Supplies, Copies, Candidate Name			Cata	~~/								
	Candidate Name			Cate Typ									
	Office Sought: House Disburse	ement For:				etc.							
	Senate	Primary	General			GIG.							
	President	Other (spe	cify)										

SUBTOTAL of Disbursements This Page (optional)	•	56553.22
TOTAL This Period (last page this line number only)	<b>•</b>	56553.22

District:

State:

<u>ا</u> ر	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)		FOR LINE N		NUMBER: PAGE 9				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								s	
$\rangle$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Finatee	<u> </u>								
۹.	Full Name (Last, First, Middle Initial) A Lot of People Who Support Jeff Bingama Mailing Address PO Box 16210	an			Date o	action ID: D8 of Disbursement	nt	ž 0 Ŏ 6	S Y	
		State Zip Code			Атош	nt of Each Disl	ourcomo	nt thic [	Period	
		NM 87191			Amou	III OI LACII DISI				
	Purpose of Disbursement Contr. Jeff Bingaman (NM-D-US Senate)							2500.	00	
	Candidate Name Jeff Bingaman			tegory/ Type						
	Office Sought:    House   Disburse     X Senate   President     State: NM District:	ment For: 2006 Primary X General Other (specify)								
_	Full Name (Last, First, Middle Initial)				Trans	action ID: D8	850			
<b>3</b> .	Akaka for Senate in 2006					of Disburseme		V . V .	V	
	Mailing Address Post Office Box 3169				0 7	<sup>M</sup> / <sup>D</sup> 2 8	′	ž 0 ŏ 6	<b>5</b>	
	•	State Zip Code HI 96802	Amount of Each Disbursement this Period							
	Purpose of Disbursement Contr. Daniel Kahikina Akaka (HI-D-US							2500.	00	
	Candidate Name Daniel Kahikina Akaka			tegory/ Type						
	Office Sought:    House   Disburse     X Senate   President     State: HI District:	ment For: 2006 Primary X General Other (specify)			Senat	e)				
	Full Name (Last, First, Middle Initial)				Trans	action ID: D8	791			
Э.	Bachus for Congress				Date o	of Disbursemen	nt	.,	V	
	Mailing Address P O Box 59444				0 <sup>M</sup> 7	10	/ Y	žοŏε	5 <sup>Y</sup>	
	,	State Zip Code AL 35259			Amou	nt of Each Disl	ourseme	nt this F	Period	
	Purpose of Disbursement Contr. Spencer Thomas Bachus, III							5000.	00	
	Candidate Name Spencer Thomas Bachus, III			tegory/ Type						
	Office Sought:  X House Senate President State: AL District: 06	ment For: 2006 Primary X General Other (specify)		•	(AL-6-	R-US House	e)			
S	UBTOTAL of Disbursements This Page (optional) .			▶			10	0.000	00	
	OTAL This Period (last page this line number only)									
.,	VIAL THIS FEHOU (last page this line number only)		• • • • • • • • • • • • • • • • • • • •	🔽						

SCILEBOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check on	: NUMBER: v one)	PAGE 95 / 115
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem				
or for commercial purposes, other than using the name	e and address of any political co	onimittee to so	DIICIL CONTRIDUTIONS FROM S	SUCH COMMITTEE
NAME OF COMMITTEE (In Full)  National Association of Insurance and Finatee	ancial Advisors Political Ac	tion Comm	it-	
Full Name (Last, First, Middle Initial)			Transaction ID: D8	834
Baker for Congress Committee			Date of Disburseme	
Mailing Address Post Office Box 1694			$\begin{bmatrix} 0 & 7 & 0 & 0 \\ 0 & 7 & 0 & 0 \end{bmatrix}$	<sup>Y</sup> 2006 <sup>Y</sup>
•	State Zip Code LA 70821		Amount of Each Dis	bursement this Period
Baton Rouge Purpose of Disbursement	LA 70621			1000.00
Contr. Richard H. Baker (LA-6-R-US				
Candidate Name Richard H. Baker		Category/ Type		
Senate President	ment For: 2006 Primary X General Other (specify)		House)	
State: LA District: 06  Full Name (Last, First, Middle Initial)				
Boyd For Congress			Transaction ID: D8 Date of Disbursemen	nt
Mailing Address PO Box 15703			07 06	2006
,	State Zip Code FL 32317		Amount of Each Dis	bursement this Period
Purpose of Disbursement Returned Check #11619 dated 6/16/2006	Г			-1000.00
Candidate Name Allen Boyd		Category/ Type		
X	ment For: 2006 Primary General Other (specify)		for Allen Boyd (FL	-2-D).
Full Name (Last, First, Middle Initial)			Transaction ID: D8	
Brown-Waite for Congress			Date of Disburseme	
Mailing Address 704 Ponce De Leon Blvd			07 10	2006
City Brooksville	State Zip Code FL 34601		Amount of Each Dis	bursement this Period
Purpose of Disbursement Contr. Virginia Brown-Waite (FL-5-R-US	[			3000.00
Candidate Name Virginia Brown-Waite	-	Category/ Type		
Office Sought:  X House Senate President State: FL District: 05	ment For: 2006 Primary X General Other (specify)		House)	
SUBTOTAL of Disbursements This Page (optional)				3000.00
CODITION DISSUITATION AGE (OPTIONAL)				
TOTAL This Period (last page this line number only)				

<u>ا</u> ر	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s	)	FOR LINE		₹:	PA	GE 96	/ 115
Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check only 21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								
$\rangle$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Finatee	- · · · · · · · · · · · · · · · · · · ·							<u> </u>
۹.	Full Name (Last, First, Middle Initial) Carper for Senate  Mailing Address 19 East Commons Blvd S	Pagand Floor				ction ID: Disburse		Ž 0 Č	) 6 Y
					-				
		State Zip Code DE 19720			Amoun	t of Each	Disburse	ment this	s Period
	Purpose of Disbursement Contr. Thomas R. Carper (DE-D-US House)							1000	0.00
	Candidate Name Thomas R. Carper			tegory/ Гуре					
	Office Sought:    House   Disburse     X Senate   President     State: DE   District:	ment For: 2006 Primary X General Other (specify)	•						
3.	Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committee, Ir	nc.				ction ID: Disburse			
	Mailing Address 511 Congress Street/PO	Box 549			0 7	/ D2	<sup>D</sup> / Y	žoč	6 Y
	,	State Zip Code LA 70390			Amoun	t of Each	Disburse		
	Purpose of Disbursement Contr. Charles Melancon (LA-3-D-US							1000	0.00
	Candidate Name Charles Melancon			tegory/ Type					
		ment For: 2006 Primary General Other (specify)	•		House	)			
Э.	Full Name (Last, First, Middle Initial) Clay Jr. for Congress					ction ID: Disburse			
	Mailing Address 625 N Euclid Avenue, Su	ite 200			0 7	<sup>/</sup> 2	<sup>D</sup> / Y	žoč	6
	,	State Zip Code MO 63108			Amoun	t of Each	Disburse		
	Purpose of Disbursement Contr. William Lacy Clay, Jr. (MO-1-D-US							2000	0.00
	Candidate Name William Lacy Clay, Jr.			tegory/ Type					
	X	ment For: 2006 Primary General Other (specify)	•		House	)			
s	<b>UBTOTAL</b> of Disbursements This Page (optional) .			•				4000	0.00
T	OTAL This Period (last page this line number only)			•					

<u>ا</u> ر	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule	e(s)	FOR LINE		<b>{</b> :	PA	GE 97	7 / 115
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	e í	(check online)	y one) 22 28a	X 23 28b	24 28c	25	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								
$\left.\right\rangle$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Finatee					201013 110	in such	Johnman	
۹.	Full Name (Last, First, Middle Initial) Committee to Elect Nydia M. Velazquez to  Mailing Address 315 Inspiration Lane	Congress				f Disburse	ment	Ž 0 (	ň s
	•	State Zip Code MD 20878			Amoun	t of Each	Disburse	ment th	is Period
	Purpose of Disbursement Contr. Nydia M. Velazquez (NY-12-D-US							150	0.00
	Candidate Name Nydia M. Velazquez		C	ategory/ Type					
		ment For: 2006 Primary General Other (specify)	al		House	)			
_	Full Name (Last, First, Middle Initial)				Transa	ction ID:	D8799		
<b>3</b> .	Congressman Bart Gordon Committe				Date of	f Disburse	ment	, · v · ·	v * v
	Mailing Address P.O. Box 2008				0 7	1	4 /	Ž 0 (	0 6
	•	State Zip Code TN 37133			Amoun	t of Each	Disburse		
	Purpose of Disbursement Contr. Bart Gordon (TN-6-D-US House)			•				100	0.00
	Candidate Name Bart Gordon		C	ategory/ Type					
		ment For: 2006 Primary General Other (specify)	al						
	Full Name (Last, First, Middle Initial)				Transa	ction ID:	D8838		
Э.	Crowley for Congress				Date of	Disburse	ment		
	Mailing Address 84-56 Grand Avenue				0 7	2	4 /	žo	Ď 6 <sup>*</sup>
		State Zip Code NY 11373			Amoun	t of Each	Disburse		
	Purpose of Disbursement Contr. Joseph Crowley (NY-7-D-US House)			v v				100	0.00
	Candidate Name Joseph Crowley		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ategory/ Type					
	Office Sought:  X House Senate President State: NY District: 07	ment For: 2006 Primary X General Other (specify)	al						
s	UBTOTAL of Disbursements This Page (optional) .			▶				350	0.00
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Full Name (Last, First, Middle Initial)				Transa	action ID	: D8821			
A. Darlene Hooley for Congress					f Disburs				
Mailing Address PO Box 2050				0 <sup>M</sup> 7	M / D	24	Ý Ž	0 Ď 6	Y
	State Zip Code			Amour	nt of Each	n Disburs	ement	this P	eriod
Salem	OR 97308					• • •	2	500.0	0
Purpose of Disbursement Contr. Darlene Hooley (OR-5-D-US House)								300.0	0
Candidate Name Darlene Hooley		Category Type							
Senate	ment For: 2006 Primary X General								
State: OR District: 05	Other (specify)								
Full Name (Last, First, Middle Initial)				Trans	action ID	: D8839			
3. Dennis Moore for US Congress				Date o	f Disburs	ement	V V	V	V
Mailing Address PO Box 14631				0 7	1 2	24	2	0 Ď 6	
City Shawnee Mission	State Zip Code KS 66285			Amour	nt of Each	n Disburs	ement	this P	eriod
Purpose of Disbursement Contr. Dennis Moore (KS-3-D-US House)	]	•	7				2	0.00	0
Candidate Name Dennis Moore	,	Category Type	-						
Senate X President	ment For: 2006 Primary General Other (specify)								
State: KS District: 03									
Full Name (Last, First, Middle Initial)  Donald Manzullo for Congress					<b>action ID</b> f Disburs	: D8786 ement			
Mailing Address PO Box 7783				0 <sup>M</sup> 7	/ D.	10	ž	0 ŏ 6	Y
City Rockford	State Zip Code IL 61126			Amour	nt of Each	n Disburs	ement	this P	eriod
Purpose of Disbursement Contr. Donald A. Manzullo (IL-16-R-US	]	•	7				. 1	0.000	0
Candidate Name Donald A. Manzullo	,	Category Type	_						
Office Sought:  X House Senate President State: IL District: 16	ment For: 2006 Primary X General Other (specify)			House	<del>)</del> )				
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National Association of Insurance and Fin	ancial Advisors Political Ac	tion C	ommi	t-					
Full Name (Last, First, Middle Initial)				Trans	action IE	<b>D</b> : D8818			
Ellen Tauscher for Congress					of Disburs		V V	V ,	v .
Mailing Address 20 Park Road, Suite E				0 <sup>M</sup> 7	, ,	24	2(	o ŏ e `	
City	State Zip Code			Amou	nt of Eac	h Disburs	ement	this Pe	eriod
Burlingame Purpose of Disbursement	CA 94010						30	00.00	)
Contr. Ellen O. Tauscher (CA-10-D-US							-		
Candidate Name Ellen O. Tauscher		Catego Type	ry/						
Senate President	ement For: 2006 Primary X General Other (specify)			House	e)				
State: CA District: 10									
Full Name (Last, First, Middle Initial)  Ensign For Senate				Date o	of Disbure				_
Mailing Address PO Box 26568				0 <sup>M</sup> 7	M / D	24	ž (	o ð 6	Y
City Las Vegas	State Zip Code NV 89126			Amou	nt of Eac	h Disburs			-
Purpose of Disbursement Contr. John E. Ensign (NV-R-US Senate)							30	00.00	0
Candidate Name John E. Ensign		Catego Type	ry/						
X Senate X President	ement For: 2006 Primary General Other (specify)								
State: NV District: Full Name (Last, First, Middle Initial)									
Friends of Clay Shaw				Date o	of Disburs			., .	
Mailing Address 2600 NE 14th. Street Ca	useway			0 <sup>M</sup> 7	M / D	24	Ž	o Ď 6	Ť
City Pompano Beach	State Zip Code FL 33062			Amou	nt of Eac	h Disburs	ement	this Pe	eriod
Purpose of Disbursement Contr. E. Clay Shaw, Jr. (FL-22-R-US		U					25	500.00	0
Candidate Name E. Clay Shaw, Jr.	-	Catego Type	ry/						
	ement For: 2006 Primary General Other (specify)			House	e)				
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National Association of Insurance and Fittee	ancial Advisors Political Ac	tion Comm	iit-			
Full Name (Last, First, Middle Initial)				ו <b>וD:</b> D8844		
Friends of Dave Reichert			Date of Disk		YY	Υ
Mailing Address P.O. Box 53322			07 /	<sup>D</sup> 2 8 / Y	ž 0 0 6	
City Bellevue	State Zip Code WA 98015		Amount of E	ach Disburse	ment this P	eriod
Purpose of Disbursement	WA 90013		-		1000.0	0
Contr. David George Reichert (WA-8-R-US						
Candidate Name David George Reichert		Category/ Type				
X X	ement For: 2006  Primary General  Other (specify)		House)			
State: WA District: 08	Other (specify)					
Full Name (Last, First, Middle Initial)			Transaction	ı <b>ID</b> : D8832		
Friends of John Tanner			Date of Disk			
Mailing Address Post Office Box 1994			07	2 4 / Y	ž 0 ŏ 6	Y
City Union City	State Zip Code TN 38281		Amount of E	ach Disburse		-
Purpose of Disbursement Contr. John S. Tanner (TN-8-D-US House)	Γ				2500.0	0
Candidate Name John S. Tanner		Category/ Type				
9 1	ement For: 2006 Primary General Other (specify)					
State: TN District: 08						
Full Name (Last, First, Middle Initial) Friends of Mike Sodrel			Transaction Date of Disb	n ID: D8833 oursement		
Mailing Address PO Box 1071			07	2 4 / Y	ž 0 ŏ 6	Y
City Jeffersonville	State Zip Code IN 47130		Amount of E	ach Disburse	ment this P	eriod
Purpose of Disbursement Contr. Michael E. Sodrel (IN-9-R-US					1000.0	0
Candidate Name Michael E. Sodrel		Category/ Type				
Office Sought:    X   House   Disburs     Senate   President     State: IN   District: 09	ement For: 2006 Primary X General Other (specify) ▼		House)			
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$\angle$	tee	anotal raviour of onlinear													
Α.	Full Name (Last, First, Middle Initial) Friends of Rahm Emanuel						Trans		-	_		2			
							Date of	_	/ D	) D	<b>1</b> / <b>[</b>	Y	YYY	Y	
	Mailing Address 1059 West Belmont Aver	nue					0 7		L	10	] [	2	žoŏ	Ь	
	,	State Zip Code					Amou	int o	f Ead	ch Di	sburs	semer	nt this	Perio	ıd
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	Contr. Rahm Emanuel (IL-5-D-US House)							•	-	_					_
	Candidate Name Rahm Emanuel			ate Ty	gory/										
		ement For: 2006		ı y	pe										
	Senate	Primary X General													
	President State: IL District: 05	Other (specify)													
_	Full Name (Last, First, Middle Initial)						Trans	acti	on I	<b>D</b> ∙ D:	8801				
В.	Friends of Roy Blunt						Date								
	Mailing Address PO Box 50100						0 <sup>M</sup> 7	М	/ [	14	] ′ [	Y	ž 0 ŏ	6 <sup>Y</sup>	
		State Zip Code MO 65805					Amou	int o	f Ead	ch Di	sburs	semer	nt this	Perio	d
	Purpose of Disbursement Contr. Roy Blunt (MO-7-R-US House)		Г	-		]			_				3000	.00	
	Candidate Name Roy Blunt		С	ate Ty	gory/ pe	1									
		ement For: 2006 Primary General Other (specify)													
	State: MO District: 07														
C.	Full Name (Last, First, Middle Initial) Friends of Tramm Hudson						Trans Date			sem	ent	7			
	Mailing Address PO Box 2575						0 <sup>M</sup> 7	М	/ [	24		Y 2	žοŏ	6 <sup>Y</sup>	
		State Zip Code FL 34230					Amou	int o	f Ead	ch Di	sburs		nt this		d
	Purpose of Disbursement Contr. Tramm Hudson (FL-13-R-US House)		Γ		•	]	L.		_				1500	.00	_
	Candidate Name Tramm Hudson			ate Ty	gory/ pe										
	Senate X President	ement For: 2006 Primary General Other (specify)													
_	State: FL District: 13														
s	UBTOTAL of Disbursements This Page (optional) .				ı	<u> </u>						6	500.	00	
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name				
$\rangle$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Finatee	•			<u> </u>
۸.	Full Name (Last, First, Middle Initial) Gordon Smith for US Senate  Mailing Address 5285 SW Meadows Road	I		Transaction ID: D8795 Date of Disbursement	<sup>Y</sup> 0 0 6 Y
		State Zip Code OR 97035		Amount of Each Disburse	ment this Period
	Purpose of Disbursement Contr. Gordon H. Smith (OR-R-US Senate) Candidate Name	07000	Catagory		1000.00
	Gordon H. Smith	ment For: 2008 Primary X General Other (specify)	Category/ Type		
3.	Full Name (Last, First, Middle Initial) Great Plains Leadership Fund			Transaction ID: D8800 Date of Disbursement	
	Mailing Address 122 Maryland Avenue, NI Suite 3A	=		07 M / D D / Y	ž o ŏ 6 ×
	Washington	State Zip Code DC 20002		Amount of Each Disburse	ment this Period 5000.00
	Purpose of Disbursement Contr. Great Plains Leadership Fund (PAC Candidate Name		Category/ Type		3000.00
	Office Sought:  Senate President  State:  Disburse  X  Annual	ment For: 2006 Primary General Other (specify)		to PAC)	
Э.	Full Name (Last, First, Middle Initial) Hall of Fame PAC			Transaction ID: D8798 Date of Disbursement	· V · V · V
	Mailing Address 1717 Dixie Highway, Suit	e 180		07  / 14 / Y	ž 0 0 6 °
	,	State Zip Code KY 41011		Amount of Each Disburse	
	Purpose of Disbursement Contr. Hall of Fame PAC (PAC to PAC) Candidate Name		Category/		5000.00
	Office Sought:  Senate President  State:  Disburse  X  Annual	ment For: 2006 Primary General Other (specify)	Туре		
S	UBTOTAL of Disbursements This Page (optional) .		<b>&gt;</b>		11000.00
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NAME OF COMMITTEE (In Full)  National Association of Insurance and Finatee	ıncial Advisors Political Ad	ction C	Comm	it-						
Full Name (Last, First, Middle Initial)				Trans	saction	1 <b>D</b> : D8	3810			
Hatch Election Committee						ourseme	ent			
Mailing Address 257 East 200 South Suite	950			0 <sup>M</sup> 7	M /	17	/ L	ž o	ŏ́6 <sup>°</sup>	
•	State Zip Code			Amou	ınt of E	ach Dis	sburse	ment th	nis Pe	riod
	UT 84111				-			500	00.00	
Purpose of Disbursement Contr. Orrin G. Hatch (UT-R-US		·			_					-
Candidate Name Orrin G. Hatch	'	Catego Type	-	[BAEB	IO ITI	-841				
Office Sought:    House   Disburse     X   Senate     President     State: UT   District:	ment For: 2006 Primary X General Other (specify)			Senat		esigna	ited)			
Full Name (Last, First, Middle Initial)				_						
3. Hayes for Congress				Date	of Disb	n ID: D8 ourseme		* \	W * W	,
Mailing Address Post Office Box 2000				0 7	M /	24	/ L	ž 0	ŏ́6Ť	
,	State Zip Code NC 28026			Amou	ınt of E	ach Dis	sburse			-
Purpose of Disbursement Contr. Robin C. Hayes (NC-8-R-US House)								100	00.00	
Candidate Name Robin C. Hayes		Catego Type	-							
Senate President	ment For: 2006 Primary X General Other (specify)									
State: NC District: 08  Full Name (Last, First, Middle Initial)										
J.D. Hayworth for Congress				Date	of Disb	n ID: D8 ourseme			.,	
Mailing Address 14300 N. Northsight Blvc	./Suite 10			0 <sup>M</sup> 7	M /	10	/ _ 1	20	ŏ́6Ť	
,	State Zip Code AZ 85260			Amou	ınt of E	ach Dis	sburse	ment th	nis Pe	riod
Purpose of Disbursement Contr. J.D. Hayworth (AZ-5-R-US House)		ľ						100	00.00	
Candidate Name J.D. Hayworth		Catego Type								
Office Sought:  X House Senate President State: AZ District: 05	ment For: 2006 Primary X General Other (specify)									
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۹.	Full Name (Last, First, Middle Initial)  Jeff Crank for Congress  Mailing Address 912 N Circle Drive, Suite	200				action ID: D8843 f Disbursement	-	ў 6 <sup>°</sup>
	•	State Zip Code CO 80909			Amour	nt of Each Disbur	sement th	nis Period
	Purpose of Disbursement Contr. Jeff Crank (CO-5-R-US House)	00 00909					250	00.00
	Candidate Name Jeff Crank	0000		tegory/ ype				
		ement For: 2006 Primary General Other (specify)						
3.	Full Name (Last, First, Middle Initial) Jerry Weller for Congress Inc.					action ID: D8822 f Disbursement		
	Mailing Address P.O. Box 15283				0 <sup>M</sup> 7	24	Ý Ž0	0 6 °
	Washington	State Zip Code DC 20003			Amour	nt of Each Disbur		
	Purpose of Disbursement Contr. Gerald C. Weller (IL-11-R-US Candidate Name		Ca	tegory/			250	00.00
	Gerald C. Weller	amont For 2000		ype				
	Office Sought: X House Disburse Senate President State: IL District: 11	ement For: 2006 Primary X General Other (specify)			House	e)		
Э.	Full Name (Last, First, Middle Initial) Jim Jordan for Congress				Date o	action ID: D884 f Disbursement	7	
	Mailing Address 1709 State Route 560 S				0 <sup>M</sup> 7	28	y žo	0 6
	•	State Zip Code OH 43078			Amour	nt of Each Disbur		
	Purpose of Disbursement Contr. State Senator Jim Jordan Candidate Name						250	00.00
	State Senator Jim Jordan			tegory/ ype				
	Office Sought: X House Disburse Senate President State: OH District: 04	ement For: 2006 Primary X General Other (specify)			(OH-4	-R-US House)		
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National Association of Insurance and Finatee	ncial Advisors Political Ac	tion Co	mmit-							
Full Name (Last, First, Middle Initial)				Transa	action ID	: D8785				
Jo Bonner for Congress Committee					f Disburs		V * V	* \	V	
Mailing Address P.O. Box 851232				0 7	/ D	10 /	ż	0 Ď 6		
	State Zip Code			Amour	nt of Each	n Disburs	ement	this P	eriod	
Mobile Purpose of Disbursement	AL 36685						1	000.0	0	
Contr. Jo Bonner (AL-1-R-US House)							0			
Candidate Name Jo Bonner		Category Type								
Office Sought:  X House Senate President Disburse	ment For: 2006 Primary X General Other (specify) ▼									
State: AL District: 01										
Full Name (Last, First, Middle Initial)						: D8849				
Kevin McCarthy for Congress				Date o	f Disburs		v	· ·	V	
Mailing Address 455 Capitol Mall, Suite 80	01			0 7		28	2	0 Ó 6		
,	State Zip Code CA 95814			Amour	nt of Each	n Disburs	ement	this P	eriod	
Purpose of Disbursement	JA 93614						2	500.0	0	
Contr. Kevin McCarthy (CA-22-R-US House)						• • •	•	•		
Candidate Name Kevin McCarthy		Category Type	/							
Office Sought: X House Disburse Senate President	ment For: 2006 Primary X General Other (specify) ▼									
State: CA District: 22										_
Full Name (Last, First, Middle Initial)  Knollenberg for Congress					<b>action ID</b> f Disburs	: D8808 ement				
Mailing Address 30701 Woodward Avenue	e, Suite 300			0 7		17 /	Y Ž	0 ŏ 6	Y	
,	State Zip Code MI 48073			Amour	nt of Each	n Disburs	ement	this P	eriod	_
Purpose of Disbursement Contr. Joe Knollenberg (MI-9-R-US House)		•	7	L.			5	0.000	0	ı
Candidate Name Joe Knollenberg		Category Type								
Office Sought:  X House Senate President State: MI District: 09	ment For: 2006 Primary General Other (specify)	-								
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Kuhl for Congress				Date of D			Y Y	Υ .	Y
Mailing Address 10 Ganesvoort Street				0 7 M	/ <b>1</b>	7	2	0 ŏ 6	
City Bath	State Zip Code NY 14810			Amount o	of Each	Disburse	ement	this P	eriod
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Contr. John Randall Kuhl (NY-29-R-US									
Candidate Name John Randall Kuhl		Category/ Type							
X	ement For: 2006 Primary General		F	House)					
President State: NY District: 29	Other (specify)								
Full Name (Last, First, Middle Initial)				Transact	ion ID.	D0007			
3. Lucas for Congress				Date of D	Disburse	ment	v * v	·	V
Mailing Address Post Office Box 1726				0 <sup>M</sup> 7	/ <b>1</b>	7 /	ž	0 Ď 6	Y
City Oklahoma City	State Zip Code OK 73101			Amount o	of Each	Disburse	ement	this P	eriod
Purpose of Disbursement Contr. Frank D. Lucas (OK-3-R-US House)		• •	1	L			1	0.000	0
Candidate Name Frank D. Lucas		Category/	1						
Senate	ement For: 2006 Primary General								
President State: OK District: 03	Other (specify)								
Full Name (Last, First, Middle Initial)  Mark Pryor for US Senate				Transact Date of D					
Mailing Address PO Box 2720				0 7 M	/ <b>1</b>	8 /	ž Ž	0 ŏ 6	Y
City Little Rock	State Zip Code AR 72203			Amount o	of Each	Disburse	ement	this P	eriod
Purpose of Disbursement Contr. Mark Lunsford Pryor (AR-D-US		• •	1				2	0.00	0
Candidate Name Mark Lunsford Pryor	-	Category/ Type	1						
	ement For: 2008 Primary General Other (specify)	<u> </u>	5	Senate)					
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Any Information copied from such Reports and Statem							
or for commercial purposes, other than using the name	and address of any political co	ommittee to s	Olicit contrib	utions from	such com	mittee	
NAME OF COMMITTEE (In Full)  National Association of Insurance and Finatee	ncial Advisors Political Ac	ction Comm	nit-				
Full Name (Last, First, Middle Initial)			Transac	ction ID: D	3813		
Mary Landrieu for Senate Committee Inc				Disburseme			V.
Mailing Address 650 Poydras Street, Suite	1434		0 7	<sup>/</sup> 20		0 0 6	
	State Zip Code		Amount	of Each Dis	sbursemer	nt this Pe	eriod
	_A 70130		-			1000.0	0
Purpose of Disbursement Contr. Mary L. Landrieu (LA-D-US Senate)							
Candidate Name Mary L. Landrieu		Category/ Type					
Office Sought: House Disburse							
X Senate X President	Primary General Other (specify) ▼						
State: LA District:	<b>(1</b>						
Full Name (Last, First, Middle Initial)			Transac	ction ID: D	3815		
Matheson for Congress				Disburseme			
Mailing Address 677 South 200 West, Sui	te A		07	24	7 2	0 0 6	Y
,	State Zip Code UT 84101		Amount	of Each Dis	sbursemer	nt this Pe	eriod
Purpose of Disbursement	04101		-   ;			2500.0	0
Contr. James D. Matheson (UT-2-D-US							
Candidate Name James D. Matheson		Category/ Type					
Office Sought: X House Disburse			House)				
Senate   President	Primary X General Other (specify) ▼		110000)				
State: UT District: 02	Other (specify)						
Full Name (Last, First, Middle Initial)			Transac	ction ID: D	3817		
Matsui for Congress				Disburseme			
Mailing Address PO Box 1738			07	24	/	0 0 6	Y
,	State Zip Code CA 95812		Amount	of Each Dis	sbursemer	nt this Pe	eriod
Purpose of Disbursement Contr. Doris Matsui (CA-5-D-US House)		•	L			2500.0	0
Candidate Name Doris Matsui	-	Category/ Type					
Office Sought: X House Disburse							
Senate President	Primary X General Other (specify) ▼						
State: CA District: 05	· · · · · · ·						
SUBTOTAL of Disbursements This Page (optional) .		<b>)</b>			6	0.000	0
TOTAL This Period (last page this line number only)							

	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)	FOR LINE		R:	□ P <i>A</i>	GE 10	08 / 115
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl 21b 27	22 28a	X 23 28b	24 28c	25	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name							
$\rangle$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Finatee	•						
۹.	Full Name (Last, First, Middle Initial) McCrery for Congress Committee			Date	action ID:		, , , , , , , , , , , , , , , , , , ,	ý 6 <sup>Y</sup>
	Mailing Address Post Office Box 52956 333 Texas Street Suite 19			07			20	0.0
	•	State Zip Code LA 71135		Amou	nt of Each	Disburse	ment th	is Period
	Purpose of Disbursement Contr. Jim McCrery (LA-4-R-US House)			<u> </u>			500	00.00
	Candidate Name Jim McCrery		tegory/ ype					
		ment For: 2006 Primary General Other (specify)						
_	Full Name (Last, First, Middle Initial)				action ID:			
<b>3</b> .	McNulty For Congress				of Disburse		, · Y ·	Ϋ́Υ
	Mailing Address PO Box 1560			0 7	1	D / Y	20	0 6 °
	•	State Zip Code NY 12183		Amou	nt of Each	Disburse	ment th	is Period
	Purpose of Disbursement Contr. Michael R. McNulty (NY-21-D-US			L.			200	0.00
	Candidate Name Michael R. McNulty		tegory/ ype					
	Office Sought:  X House  Senate  President  State: NY  District: 21	ment For: 2006 Primary X General Other (specify)		House	e)			
_	Full Name (Last, First, Middle Initial)				action ID:			
٥.	Melissa Bean for Congress				of Disburse		, Y	ΥΥΥ
	Mailing Address PO Box 3068			0 <sup>M</sup> 7	1	7 /	20	Ď 6 Š
	•	State Zip Code IL 60011		Amou	nt of Each	Disburse		
	Purpose of Disbursement Contr. Melissa L. Bean (IL-8-D-US House)			L.			350	0.00
	Candidate Name Melissa L. Bean		tegory/ ype					
	Office Sought:  X House Senate President State: IL District: 08	ment For: 2006 Primary X General Other (specify)						
S	UBTOTAL of Disbursements This Page (optional) .		 ▶				1050	0.00
	OTAL This Period (last page this line number only)							
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		Use seperate schedule(s)		(check		JMBER: ne)		L P.	AGE	109 /	115
Τ	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	Ĺ	22 ) 28a	23 28b	24 28c	F	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name										3
υi   \	NAME OF COMMITTEE (In Full)	and address of any poilled	COIII	muee 10	SUICI	CONTINUE	1110119 110	om Sucil	COIII	initee	
$\rangle$	National Association of Insurance and Finatee	ancial Advisors Political	Actio	n Com	mit-						
	Full Name (Last, First, Middle Initial)					Transac	tion ID:	: D8842			
٨.	Mike Rogers for Congress					Date of I			V • V		V
	Mailing Address PO Box 581					0 <sup>M</sup> 7 <sup>M</sup>	່	24	2	0 Ď 6	
	•	State Zip Code MI 48116				Amount	of Each	Disburs	emen	t this P	eriod
	Purpose of Disbursement	10110							2	2500.0	00
	Contr. Michael J. Rogers (MI-8-R-US										
	Candidate Name Michael J. Rogers			tegory/ Type							
	Senate X President	ement For: 2006 Primary General Other (specify)			ŀ	House)					
	State: MI District: 08										
3.	Full Name (Last, First, Middle Initial) Moore For Congress					Transac Date of I		: D8819 ement			
	Mailing Address P.O. Box 16646					0 <sup>M</sup> 7 M	<sup>/</sup> 2	24	Ý Ž	0 Ď 6	Υ
	•	State Zip Code WI 53216-0646				Amount	of Each	Disburs			-
	Purpose of Disbursement Contr. Gwen Moore (WI-4-D-US House)								1	0.000	00
	Candidate Name Gwen Moore			tegory/ ype							
	ů X	ement For: 2006 Primary General Other (specify)									
	Full Name (Last, First, Middle Initial)					T	tion ID.	D0000			
Э.	Nancy Pelosi for Congress					Transac Date of I	Disburse	ement			
	Mailing Address 235 Montgomery Street S	Suite 610				0 <sup>M</sup> 7 M	<sup>′</sup> 2	24	ž	0 Ď 6	Y
	City San Francisco	State Zip Code CA 94104				Amount	of Each	Disburs	emen	t this P	eriod
	Purpose of Disbursement Contr. Nancy Pelosi (CA-8-D-US House)								2	2500.0	00
	Candidate Name Nancy Pelosi			tegory/ Type							
	Office Sought:  X House Senate President  State: CA District: 08	ement For: 2006 Primary X General Other (specify)									
_	1								6	000.0	0
S	UBTOTAL of Disbursements This Page (optional)			•	-					555.0	
T	OTAL This Period (last page this line number only)			•	•						

	SHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	)		OR LIN	E NUMB	EK:			PAG	E 110	/ 115
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ė	21b 27	22 28a	Х	23 28b	П	24 28c	25 29	26 30b
	y Information copied from such Reports and State for commercial purposes, other than using the na											
01	NAME OF COMMITTEE (In Full)	The and address of any politica	ii COIII	1111	illee to s	SOIICIL COI	liibu	lions ii	OIII S	uch coi	mmuee	
$\rangle$	National Association of Insurance and Fi	nancial Advisors Political	Actio	or	Comn	nit-						
_	Full Name (Last, First, Middle Initial)					Tran	sact	ion ID	: D88	309		
Α.	Price for Congress							isburs		nt		_
	Mailing Address P.O. Box 425					0 <sup>M</sup> 7	7 M	/ D	1 <sup>D</sup>	/ [ ]	žoŏ	6 <sup>Y</sup>
	City	State Zip Code				Amo	ount o	of Each	n Disk	oursem	ent this	Period
	Roswell Purpose of Dishura amount	GA 30077				- [				-	500.	.00
	Purpose of Disbursement Contr. Thomas E. Price, M.D. (GA-6-R-US							-				
	Candidate Name Thomas E. Price, M.D.				egory/ vpe							
	Office Sought:  X House Senate President State: GA District: 06	sement For: 2006 Primary X General Other (specify)				Hous	se)					
_	Full Name (Last, First, Middle Initial)					+				240		
В.	Price for Congress Committee							ion ID isburs	emer	-	Y Y	Y
	Mailing Address PO Box 1986					0 7		′ 📙	18	Ĺ	ž 0 ŏ	6
	City Raleigh	State Zip Code NC 27602				Amo	ount o	of Each	n Disk	oursem	ent this	
	Purpose of Disbursement Contr. David E. Price (NC-4-D-US House)				•			_			1000.	.00
	Candidate Name David E. Price				egory/ vpe							
	Senate President	sement For: 2006 Primary X General Other (specify) ▼										
	State: NC District: 04											
C.	Full Name (Last, First, Middle Initial) Renzi for Congress					Date	of D	ion ID isburs	emer			
	Mailing Address P.O. Box 219					0 <sup>M</sup> 7		/ D	2 4	/ L	žoŏ	6 <sup>*</sup>
	City Flagstaff	State Zip Code AZ 86002				Amo	ount o	of Each	n Disk	oursem	ent this	
	Purpose of Disbursement Contr. Rick Renzi (AZ-1-R-US House)										2500.	.00
	Candidate Name Rick Renzi				egory/ vpe							
	Senate President	sement For: 2006  Primary X General  Other (specify) ▼	Į		-							
_	State: AZ District: 01											
s	UBTOTAL of Disbursements This Page (optional	)			. <u> </u>						4000.	00
Т.	OTAL This Period (last page this line number onl	y)			•							

SCHEDULE B (FECFORIII 3X)	Use seperate schedule(s)	FOR LINE I		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 X 23 24 25 2	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nare				
NAME OF COMMITTEE (In Full)  National Association of Insurance and Fittee	· · · · · · · · · · · · · · · · · · ·			
Full Name (Last, First, Middle Initial) Ryan for Congress  Mailing Address P. O. Box 1919			Transaction ID: D8816 Date of Disbursement  O 7 D 2 4 Y Y Y Y Y Y O O O	
City Janesville	State Zip Code WI 53547		Amount of Each Disbursement this Period	_ ¬
Purpose of Disbursement Contr. Paul Ryan (WI-1-R-US House) Candidate Name		Category/	2500.00	_
Paul Ryan  Office Sought:  Senate President  State: WI  District: 01	sement For: 2006 Primary X General Other (specify)	Туре		
Full Name (Last, First, Middle Initial)  Stabenow for Congress			Transaction ID: D8841 Date of Disbursement	
Mailing Address PO Box 4945			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$ $\begin{bmatrix} D & 2 & 0 \\ 0 & 2 & 4 \end{bmatrix}$ $\begin{bmatrix} Y & Y & Y & 0 & 0 & 6 \\ Y & 2 & 0 & 0 & 6 & 4 \end{bmatrix}$	
City E Lansing	State Zip Code MI 48826		Amount of Each Disbursement this Period	7
Purpose of Disbursement Contr. Debbie Stabenow (MI-D-US Senate) Candidate Name	[	Catagony	4000.00	_
Debbie Stabenow		Category/ Type		
	ement For: 2006  Primary General  Other (specify)			
Full Name (Last, First, Middle Initial) TOMPAC			Transaction ID: D8793 Date of Disbursement	
Mailing Address P. O. Box 16488			$\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 0 \\ 0 & 1 & 0 \end{bmatrix}$ $\begin{bmatrix} 0 & 1 & 0 \\ 0 & 2 & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix}$	
City Arlington	State Zip Code VA 22215		Amount of Each Disbursement this Period	_
Purpose of Disbursement Contr. TOMPAC (PAC to PAC)			1000.00	_
Candidate Name		Category/ Type		
Senate	sement For: 2006 Primary General Other (specify)			
SUBTOTAL of Disbursements This Page (optional	)		7500.00	Ī
TOTAL This Period (last page this line number onl				1
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SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check only	NUMBER:		PAGE	112/	115
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a		24 28c	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)	and address of any political co	ommittee to so	iicit contribut	10115 110111 50	JCII COIIII	iiiiiee	
National Association of Insurance and Finatee	uncial Advisors Political Ac	tion Commi	t-				
Full Name (Last, First, Middle Initial)			Transact	ion ID: D88	331		
Taylor for Congress				isbursemen	-		v.
Mailing Address PO Box 2355 22 South Pack Square/Si	uite 201		07	<sup>D</sup> 24	/	0 0 6	
	State Zip Code NC 28802		Amount o	f Each Disb	ursemen	t this Pe	eriod
Purpose of Disbursement	NC 28802				1	0.000	0
Contr. Charles H. Taylor (NC-11-R-US						-	
Candidate Name Charles H. Taylor		Category/ Type					
Office Sought:  X House Senate President State: NC District: 11	ment For: 2006 Primary X General Other (specify) ▼		House)				
Full Name (Last, First, Middle Initial)			Transact	ion ID: D87	707		
3. Team Emerson for Jo Ann Emerson			Date of D	isbursemen	t		_
Mailing Address P.O. Box 822			07	10	Ž	0 Ď 6	Y
,	State Zip Code MO 63702		Amount o	f Each Disb			-
Purpose of Disbursement Contr. Jo Ann Emerson (MO-8-R-US House)					1	0.000	0
Candidate Name Jo Ann Emerson		Category/ Type					
	ment For: 2006 Primary General Other (specify)						
Full Name (Last, First, Middle Initial)			Tuo	in D. D.	200		
Thelma Drake for Congress			Date of D	ion ID: D88 isbursemen	t		_
Mailing Address P.O. Box 61480			07	24	Ž	0 Ď 6	Y
,	State Zip Code VA 23466		Amount o	f Each Disb	ursemen	t this Pe	eriod
Purpose of Disbursement Contr. Thelma D. Drake (VA-2-R-US House)		* *			2	2000.0	0
Candidate Name Thelma D. Drake	-	Category/ Type					
Office Sought:  X House Senate President State: VA District: 02	ment For: 2006 Primary X General Other (specify)	71					
State. VA DISTREE. VZ						000 5	
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>			4	0.000	0
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<b>5</b> (	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)		FOR LINE		R:	L PA	AGE	113 /	115
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check on 21b 27	22 28a	X 23 28b	24 28c	П	25 29	26 30b
	y Information copied from such Reports and Statem or commercial purposes, other than using the name									5
$\rangle$	NAME OF COMMITTEE (In Full)  National Association of Insurance and Finatee	•								
۸.	Full Name (Last, First, Middle Initial) Tom Feeney for Congress  Mailing Address 1420 Alafaya Trail #103				Date	action ID: of Disburse	ement	y Y 2	0 Ď 6	Y
		State Zip Code FL 32765			Amou	nt of Each	Disburse	ement	this P	eriod
	Purpose of Disbursement Contr. Tom Feeney (FL-24-R-US House)				<u> </u>			. 1	0.00	0
	Candidate Name Tom Feeney	ment For: 2006		tegory/ ype	_					
	Office Sought:    X   House   Disburse     Senate   President     State: FL   District: 24	Primary X General Other (specify)								
3.	Full Name (Last, First, Middle Initial) Voinovich for Senate Committee					action ID: of Disburse				
	Mailing Address 865 Macon Alley				0 <sup>M</sup> 7	M / D 2	8 /	ž Ž	0 ŏ 6	Y
	Columbus	State Zip Code OH 43206			Amou	nt of Each	Disburse			-
	Purpose of Disbursement Contr. George V. Voinovich (OH-R-US Candidate Name		Cat	tegory/				3	0.00.0	10
	* H I —	ment For: 2010 Primary General Other (specify)		ype	Senat	e)				
Э.	Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee				Date of	action ID: of Disburse	ement			
	Mailing Address P.O. Box 1500				0 <sup>M</sup> 7	M / D 1	4	ž	0 ŏ 6	Υ
	Chico	State Zip Code CA 95927			Amou	nt of Each	Disburse	-		-
	Purpose of Disbursement Contr. Wally Herger (CA-2-R-US House) Candidate Name		Cat	tegory/				1	0.00	10
	Wally Herger  Office Sought: X House Disburse	ment For: 2006		ype	_					
	Senate President State: CA District: 02	Primary X General Other (specify)								
SI	UBTOTAL of Disbursements This Page (optional) .			•				70	0.00	0
T	OTAL This Period (last page this line number only)			•				•		

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П	EMIZED DISBURSEMENTS		category of the Summary Page	ΙĖ	Ī	21b	ń	22	X	23	Г	24		25	Г	7 26
		Dotailou	ourmary rago		┪	27	П	28a	П	28b	r	28c	Г	29	r	30b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam														ıs	
$\setminus$	NAME OF COMMITTEE (In Full)															
	National Association of Insurance and Fine	ancial Advi	isors Political	Action	ı C	Comn	nit-									
_	Full Name (Last, First, Middle Initial)							Trans	acti	on ID	: D	08846				
Α.	Wally Herger for Congress Committee							Date o	of Di				/ · · ›	, <sub>Y</sub> .	Y	
	Mailing Address P.O. Box 1500							0 7		2	2 8	3	2	0 Ó 6	3	
	City Chico	State CA	Zip Code 95927					Amou	nt o	f Each	ı D	isburse	men	t this I	Peri	od
	Purpose of Disbursement		33327										2	1000.	00	
	Contr. Wally Herger (CA-2-R-US House)									-		-		-		
	Candidate Name Wally Herger			Cate	ego ype	•										
	Senate President	ement For: Primary Other (spe	2006 X General cify) ▼													
	State: CA District: 02															
В.	Full Name (Last, First, Middle Initial) Weldon For Congress Committee						,	Date o	of Di	sburs	em					
	Mailing Address P.O. Box 1992							0 <sup>M</sup> 7	М	/ D.	1 0		Ž	οŏ	3 <sup>*</sup>	
	City Media	State PA	Zip Code 19063					Amou	nt o	f Each	n D	isburse	-		_	od
	Purpose of Disbursement Contr. Curt Weldon (PA-7-R-US House)								_		0		1	1000.	00	
	Candidate Name Curt Weldon			Cate Ty	ego ype	-										
	Senate President	ement For: Primary Other (spe	2006 X General													
	State: PA District: 07						1									

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	•	129500.00

### SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate schedule(s) for each numbered line) PAGE 115 / 115

FOR LINE NUMBER: (check only one)

9 X 10

DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial) of Debtor or NAIFA	Creditor	Nature of Debt (Purpose): Payroll, Benefits, Supplies, Copies, etc
Mailing Address 2901 Telestar Court		
City State	ZIP Code	
Falls Church VA	22042-1205	
Outstanding Balance Beginning This Period 55912.27		Transaction ID: DD#7711
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
43783.79	55912.27	43783.79

1) SUBTOTALS This Period This Page (optional)	•			1	1	4	378	33.7	79	
2) TOTALS This Period (last page this line number only)	<b>→</b>					4	378	3.7	79	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	<b>&gt;</b>								<u> </u>	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	- ▶		_							